



CITY OF PLYMOUTH

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
PORT MEDICAL OFFICER

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1933



CITY OF PLYMOUTH

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
PORT MEDICAL OFFICER

AND

SCHOOL MEDICAL OFFICER


FOR THE YEAR 1933

T. PEIRSON, M.D., D.P.H.

PRINTED AT
THE BOWERING PRESS
PLYMOUTH

PRINCIPAL CONTENTS

<i>SECTIONS :—</i>	<i>Page</i>
CONSTITUTION OF COMMITTEE	v
PUBLIC HEALTH STAFF	vi–viii
INTRODUCTION	ix
INDEX	xi–xvi
STATISTICAL AND SOCIAL CONDITION OF THE AREA .	1–9
GENERAL PROVISION OF HEALTH SERVICES . . .	12–16
MATERNITY AND CHILD WELFARE	18–40
SANITARY CIRCUMSTANCES	41–46
HOUSING	47–49
INSPECTION AND SUPERVISION OF FOOD . . .	51–62
INFECTIOUS DISEASES	63–76
VENEREAL DISEASES	77–80
TUBERCULOSIS	81–103
CITY (GENERAL) HOSPITAL	105–109
WELFARE OF THE BLIND	111–115
PORT SANITARY	117–140
<i>SCHOOL MEDICAL SERVICE :—</i>	
CONSTITUTION OF COMMITTEE	143–144
STAFF	144–145
REPORT	146–176



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29990786>

PUBLIC HEALTH COMMITTEE.

The following Members of the City Council served on the Public Health Committee up to November :—

Councillor F. D. Baxter (*Chairman*), Councillor (Mrs.) C. H. Daymond (*Vice-Chairman*), Alderman L. R. Dunstan, Councillors E. Brock, P. Jolly, C. L. Lander, W. Matthews, J. E. Pillar, W. H. Priest, H. C. Reid, (Mrs.) H. Robins, A. E. Travers-Stubbs.

MATERNITY AND CHILD WELFARE COMMITTEE.

The following Members of the City Council served on the Maternity and Child Welfare Committee up to November :—

Councillor (Mrs.) J. Pook (*Chairman*), Councillor (Mrs.) L. Brock (*Vice-Chairman*), Alderman (Mrs.) J. Marshall, Councillors F. D. Baxter, E. Brock, A. H. Crimp, (Mrs.) C. H. Daymond, C. L. Lander, W. Matthews, H. C. Reid, (Mrs.) H. Robins, A. E. Travers-Stubbs.

PUBLIC HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEE.

The following Members of the City Council served on the Public Health and Maternity and Child Welfare Committee since November :—

Alderman F. D. Baxter (*Chairman*), Councillor (Mrs.) C. H. Daymond (*Vice-Chairman*), Alderman L. R. Dunstan, Councillors (Mrs.) L. Brock, A. H. Crimp, C. L. Lander, (Mrs.) J. Marshall, (Mrs.) J. Pook, H. Porter, (Mrs.) H. Robins, A. E. Travers-Stubbs, H. E. Williams.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. *Medical*—whole-time.

T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health ; General Medical Superintendent, City Hospitals ; Port Medical Officer ; School Medical Officer.

W. S. Walton, M.D., B.HY., D.P.H., Deputy Medical Officer of Health ; Senior Assistant Port Medical Officer.

E. J. Hynes, F.R.C.S. (Ed.), D.P.H., Resident Medical Officer, Isolation Hospital ; Venereal Diseases Medical Officer.

H. T. Chatfield, M.C., M.B., D.P.H., Clinical Tuberculosis Officer.

Marion Smellie, M.A., M.B., D.P.H., Maternity and Child Welfare Medical Officer.

Mildred A. Thynne, M.R.C.S., L.R.C.P., D.P.H., Assistant Maternity and Child Welfare Medical Officer.

Iris V. I. Ward, M.D., Assistant Maternity and Child Welfare Medical Officer.

P. B. P. Mellows, L.M.S.S.A., D.T.M. and H., Assistant Port Medical Officer.

A. T. Bettinson, L.R.C.P., M.R.C.S., Resident Medical Officer, Didworthy Sanatorium.

D. F. Johnstone, L.R.C.P., M.R.C.S., D.P.H., Resident Medical Officer, Mount Gold Hospital.

G. E. Larks, M.B., Ch.M., F.R.C.S. (Edin.), Medical Superintendent, City Hospital.

Three Resident Medical Officers, City Hospital.

A. Maughan, M.C., L.D.S., Dental Surgeon.

Medical—part-time.

Consulting Physicians :—

W. A. Lister, M.B., M.R.C.P.

T. A. A. Hunter, B.A., M.B., M.R.C.P.

Consulting Surgeons :—

L. W. Innes, M.B., F.R.C.S. (Ed.).

E. F. Wilson, F.R.C.S.

Orthopædic Surgeons :—

C. M. Kennedy, F.R.C.S.

N. Capener, F.R.C.S.

Consulting Gynæcologists :—

Mabel Ramsay, M.D., F.R.C.S. (Ed.), D.P.H.

J. W. G. H. Riddell, M.C., M.D., F.R.C.S. (Ed.).

Pathologist :—

E. Wordley, M.C., M.D., M.R.C.P.

Consulting Ophthalmologist :—

W. H. Davis, L.R.C.P., M.R.C.S.

Consulting Laryngologists :—

C. R. Crowther, M.D.

C. C. Prance, M.B., B.S., M.R.C.S., L.R.C.P.

Consulting Radiologist :—

A. Craig Mooney, M.B., Ch.B. (Liverpool), D.M.R.E.

Consulting Anæsthetists :—

S. G. Irlam, M.R.C.S., L.R.C.P.

H. N. Palmer, M.R.C.S., L.R.C.P.

District Medical Officers :—

Plymouth :

W. P. Hardwicke, L.M.S.S.A.

T. M. Jamieson, B.A., L.R.C.P., L.R.C.S. (Ed.).

T. B. P. Wilkinson, M.B., B.Ch.

A. V. Ledger, M.D.

Devonport :

R. J. Fleming, M.B., B.Ch.

J. N. Morris, L.R.C.P., M.R.C.S.

B. H. Stribling, L.R.C.P., M.R.C.S.

G. A. Pratt, M.R.C.S., L.R.C.P.

Stonehouse :

W. H. Waterfield, L.R.C.P.I., L.M.

Public Vaccinators :—

Plymouth and Stonehouse :

W. H. Waterfield, L.R.C.P.I., L.M.

Devonport :

J. N. Morris, L.R.C.P., M.R.C.S.

G. C. Sandford, M.D. C.M.

B. *Other Staff.*

Chief Clerk :—

C. Ivory, F.C.C.S.

Chief Sanitary Inspector :—

N. Ruse,* F.S.I.A.

Sanitary Inspectors :—

J. Burke,* V. Edwards,*† W. S. Northmore*† (Factories and Workshops, Milkshops and Dairies' Inspector), H. Smith,*† T. Painter,* S. Fedrick,* W. McGinnes,* J. P. Williams,* E. Conway* (Rat Inspector), W. T. Pessell,* W. S. Wales*† (Food and Drugs' Act Inspector, and Inspector of Dairies and Milkshops), L. England,*† A. S. Kitt*† (Fish Inspector).

Meat Inspectors :—

J. Thorning,*†‡ P. A. Hawthorn.*†

Port Sanitary Inspector :—

P. S. Bulleid.*†

Health Visitors :—

M. Baxter||*° (Superintendent Health Visitor), K. Gillard,||§° M. K. Reid,||° F. A. Rendell,||° F. Wood,||° S. Dawkins,||° E. Burrows,||§°, E. McInerny,||§* F. Parnell,||° F. Sprigg,||° I. M. Arscott,||° L. Macdonald (Tuberculosis Health Visitor),° M. Cox§ (Tuberculosis Health Visitor), N. Cruse (Tuberculosis Health Visitor)°.

Clerks :—

26.¶

A part-time veterinary surgeon acts for the Corporation.

The Public Analyst, Mr. T. Tickel, F.I.C., has his offices in Exeter.

There are two Vaccination Officers in the City.

* Sanitary Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.

§ Health Visitor's Certificate.

|| Certificate of Central Midwives' Board.

¶ Including staff at institutions, hospitals, etc. ° State Registered.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report upon the health services of the City for the year 1933.

One of the most important events of the year was the survey of the housing conditions of the City and the adoption of a five years' slum clearance programme by the Council, following upon the issue of Circular 1331 by the Ministry of Health. An immediate commencement is now being made with six clearance areas and one improvement scheme. In connection with this programme, I must pay tribute to the industry and co-operation of the Housing Manager and his Staff, upon whom fell most of the work.

At the end of the year the Venereal Diseases Department was transferred from the South Devon and East Cornwall Hospital to new quarters in the City (General) Hospital. The latter hospital is to be provided with urgently required new accommodation for nurses, and plans are at present being prepared for a home containing 130 bedrooms.

The work of the new orthopædic section of Mount Gold Hospital has developed rapidly, and by the end of the year 102 beds were in use, the total possible accommodation being 120. This orthopædic department draws patients from the Devon and Cornwall County Councils, Exeter and Plymouth.

I have to record with regret the death of Mr. Robert Forrest, Dental Surgeon to the Education Authority, on April 5th, 1934.

It is with pleasure that I take this opportunity of thanking the members of the City Council for their help and encouragement, and of recording my appreciation of the loyal work of my Staff.

I have the honour to be,

Your obedient servant,

A handwritten signature in dark ink, appearing to read 'J. Leeson', with a horizontal line drawn underneath it.

TOWN HALL, STONEHOUSE.
April, 1934.

Medical Officer of Health.

INDEX

							<i>Page</i>
Accommodation—Nursing Staff	...	..	...	...	...	...	15
Aliens Order, 1920	...	...	...	...	...	121, 137, 140	
Ambulance facilities	...	...	...	...	...	14, 127	
Analysis, Chemical	...	...	...	...	...	...	60
,, Bacteriological	...	...	...	...	...	...	53
Ante-Natal	...	...	...	...	...	27, 109	
Ante-natal Clinics	...	...	...	...	...	28, 109	
Area of City	...	...	...	...	...	...	3
Bacteriological report	...	...	...	...	...	...	13
,, examination of milk	...	...	...	...	...	...	53
,, work	...	...	...	...	...	89, 98, 101, 127	
Bathing Pools	...	...	...	...	...	...	137
Bed accommodation in hospitals and sanatoria	...	...	...	...	...	90, 97, 100	
Birth Control	...	...	...	...	...	...	37
Births and birth rates	...	...	...	...	...	3, 6, 19	
Births, Visitation of	...	...	...	...	...	...	23
Blind—Grants, local authority	...	...	...	...	...	...	114
,, Persons Act, 1920	...	...	...	...	...	...	114
,, Welfare of the	...	...	...	...	...	113, 114, 115	
Blindness—onset of	...	...	...	...	...	...	113
Butcher Shops—inspection of	...	...	...	...	...	...	55
Cancer	...	...	...	...	...	...	8
Causes of death, classified	...	...	...	...	...	...	6, 7
Census	...	...	...	...	...	...	5
Cerebro-Spinal Meningitis	...	...	...	...	...	66, 72	
Child guidance clinic	...	...	...	...	...	...	176
Child Welfare	...	...	...	...	...	18-40, 161	
Children, defective (blind, deaf, and epileptic)	...	...	...	...	...	...	161
City Hospital report	...	...	...	...	...	107-109	
,, admissions, discharges, births and deaths	...	...	...	...	...	107-108	
,, treatment of School children	...	...	...	...	...	149	
,, treatment of tuberculosis	...	...	...	...	...	90	
Cleansing and scavenging	...	...	...	...	...	...	43
Clearance areas	...	...	...	...	...	v, 48	
Climatological observations	...	...	...	...	...	9	
Clinics	14, 24, 25, 27, 28, 37, 79, 80, 88, 95, 103, 109, 149, 150, 155, 157, 176						
Closet accommodation	...	...	...	...	...	...	44
Committees—Members of	...	...	...	...	...	i, 143, 144	
Common Lodging Houses	...	...	...	...	...	...	45
Confinements—places of	...	...	...	...	...	19, 21	
Consultations (tuberculosis)	...	...	...	...	...	...	88
Contacts (tuberculosis)	...	...	...	...	...	...	87
Crews' spaces, Port Sanitary	...	...	...	...	...	...	138

	<i>Page</i>
Deaf School	170
Deaths—age distribution, all causes	7
„ —of infants	4
„ and death rates	3, 6
„ —causes of	7
„ from Cancer, 1930–1933	8
„ from Diarrhœa	4
„ from Influenza	66
„ from Measles	4, 66
„ from Tuberculosis	84, 85, 86
„ from Tuberculosis—table showing rate per 1,000 since 1920 ...	85
„ from Whooping-Cough	4
„ staff, members of	v
„ Ward distribution	7
Death Rates from Tuberculosis	85
„ „ of Infants	4
Defects in School children ... (See under “ School children—Ailments ”)	
Dental treatment	24, 95, 156, 170
„ „ —table of work done	96
„ „ —table of work done at M. & C.W. Centres for years 1927–1933	26
Deratisation Certificates	135, 139
Devon and Cornwall Ex-Service Colony, Efford	94
Didworthy Sanatorium	90, 97, 98, 99
Diphtheria	65–69, 70, 71, 72, 102
„ —immunisation against	67
District Medical Officers	16
Doctors' fees	37
Domiciliary treatment of tuberculosis	88
Ear Clinic, School Children	150
Efford Open-Air School	168
Encephalitis Lethargica	72
Enteric Fever	72
Enteritis	72
Erysipelas	72
Factory and Workshop Act, Inspections and Defects	46
Fertilizers and Feeding Stuffs Act, 1926	44
Fish inspected and condemned	56
Fish shops and carts—inspection of	55
Food and Drugs (Adulteration) Act, 1928	58, 59, 60
„ poisoning	56, 57, 58
„ samples analysed	60
„ inspection—Port Sanitary	139
Foodstuffs condemned	55, 56
Fruit shops and carts—inspection of	55
Handicrafts Section—Didworthy Sanatorium	99
„ „ —Mount Gold Orthopædic Hospital	103

	<i>Page</i>
Health Visitors and Nurses	23, 88, 149, 157
Home helps	29
Hospital service	14
Hospitals—City (General)	14–15, 105–109
„ —Lee Mill (Smallpox)	127
„ —Mount Gold	14, 90, 100–103
„ „ „ —Orthopædic Treatment, M. & C.W. Dept. ...	26
„ —South Devon and East Cornwall	15
„ —Swilly (Infectious Diseases)	69–73
Houses, inhabited	3
„ —statistics, 1933	47
Housing	v, 47
Ice Cream	53
Illegitimate births	19
Immunisation against Diphtheria	67
„ „ Scarlet Fever	102
Improvement schemes	v, 48
Infant life protection	23
„ welfare centres	24, 25
Infantile mortality	6, 22
„ „ —chart for 1915–1933	40
„ „ —analyses of causes	39
Infectious Disease in Schools	157
„ „ cases and removals to hospitals	65, 66
„ „ deaths since 1920	74
„ „ —Fort Sanitary	126, 129, 130
„ Diseases notified—age groups	75
„ „ „ —ward distribution	76
Influenza	66
Institutions, deaths in	65, 66, 70, 91, 93, 97, 101, 107, 108
Isolation Hospital, Swilly	67–73
Laboratory facilities	13
Laryngological clinics	88, 149
Lee Mill Smallpox Hospital	127
Lodging Houses	45
Malnutrition	27
Marriages	4
Massage Department	102
Maternity and Child Welfare	18–40, 109
„ bags	29
„ beds	109
Maternal deaths, enquiries into	32, 33
„ death rates	32
Meals for School children	158–159
Measles	66, 72, 158
Meat inspection	55
Meat—destroyed as unsound	61

	<i>Page</i>
Medical Assistance, Midwives and	30
,, Officer of Health's letter	v
,, Outdoor Relief	15, 16
Mental defectives	161, 163, 165
Meteorological observations	9
Midwives Acts, 1902 and 1918	37
Midwives' fees	38
Midwives' " Refresher " course	31
Midwives, supervision of	30
Milk and Dairies Order, 1926	54
,, —bacteriological examination of	53
,, Designated	54
,, —examination for Tuberculous infection	53
,, sterilized	53
,, Tuberculosis and	53
,, ungraded	53
Mount Gold Hospital	14, 90, 100-103
,, ,,, Orthopædic treatment, M. & C.W. Dept.	26
Mount Tamar Open-Air School	169
New cases (tuberculosis)	87
Notification of births	19
,, of infectious disease	75, 76
,, of tuberculosis	83, 84
Nursing Homes Registration Act, 1927	36
Obstetrical clinic	92
Occupational therapy, institutions	99, 103
Offensive trades	44
Open-Air Education	158
,, Schools	99, 159, 168, 169
Ophthalmia neonatorum	22, 23
,, treatment, school children	150
Orthopædic	v, 14, 101
,, clinic	103
,, Hospital School	103, 170
,, treatment, M. & C.W. Department	26
Oysters	137
Passenger traffic, Port	120, 121
Plague	121, 127
Poliomyelitis, Acute	66
Poor Law—Medical Out-Relief	15-16
,, ,,, Relief—persons on	4
Population of the City	3
,, ,,, Wards	5
Port Sanitary Report	119-140
Post-natal clinics	28
Port Sanitary regulations, 1933	123-128
Premises, inspection of	55

					<i>Page</i>
Prevalence and Control over Infectious Disease	...	...	...	...	65
Provision shops, inspection of	...	...	...	...	55
Puerperal Fever and Pyrexia	...	...	...	...	34-37
Rainfall and temperature	...	...	...	...	9
Rat proofing—docks, wharves, warehouses, etc.	...	...	...	...	136
Rateable value	...	...	...	...	3
Rats, plague infested	...	...	...	...	121, 127
Rats and mice destruction	...	...	...	...	45, 134, 135
Refuse, dry, household	...	...	...	...	43
Re-housing	...	...	...	...	48, 49
Residential treatment, Tuberculosis, extent of	...	...	...	...	93
Rickets	...	...	...	...	27
Rodents, Flague—prevention of	...	...	...	...	132, 133, 135, 136
Salisbury Road School (Mental Defectives)	...	...	...	...	165
Samples submitted for analysis	...	...	...	...	44, 60
Sanatorium, Didworthy	...	...	...	...	15
Sanitary inspections—list of	...	...	...	...	45, 137
Scarlet Fever	...	...	...	...	65, 69, 70
Scarlet Fever, attack rate, 1920-1933	...	...	...	...	66
„ „ immunisation against	...	...	...	...	102
Scavenging	...	...	...	...	43
“ Schick ” test	...	...	...	...	67
School Children—Ailments :—					
<i>Elementary Schools :</i>					
Table I —Medical Inspections	...	...	...	...	146
„ II —Defects found at Medical Inspections	...	...	...	...	147
„ III —Exceptional children	...	...	...	...	162-164
„ IIIb —Children found to require treatment at Medical					
Inspections	...	...	...	...	148
„ IV (i) —Defects—Minor Ailments	...	...	...	...	151
„ IV (ii) — „ —Vision and Squint	...	...	...	...	152
„ IV (iii)— „ —Nose and Throat	...	...	...	...	153
„ IV (iv)— „ —Orthopædic and Postural	...	...	...	...	154
„ IV (v) — „ —Dental	...	...	...	...	155
„ V —Medical Inspections—Return	...	...	...	...	172
<i>Secondary and Higher Schools :</i>					
Table VI —Defects found at Medical Inspections	...	...	...	...	173
„ VII — „ —Vision and Squint	...	...	...	...	174
„ VIII — „ —Nose and Throat	...	...	...	...	175
School Children, medical inspection of	...	...	...	...	146
„ „ treatment of	...	...	...	...	149
„ Nurses' work	...	...	...	...	149
Schools—Open-Air	...	...	...	...	99
„ —Orthopædic Hospital	...	...	...	...	103
„ —Sanitary condition of	...	...	...	...	44
„ —Special	...	...	...	...	165-170
Secondary and other Higher Schools	...	...	...	...	171
Shipping entering Port, amount of	...	...	...	...	119, 122

	<i>Page</i>
Ships, cleaning and disinfection of	126
Skin diseases	27
Slaughter houses, inspection of	55
Smallpox	127-131
Staff, list of	ii-iv, 144, 145
Still-births	20, 21
Sub-nutrition and debility	27
Supervision of food supplies	53-61
Swilly Isolation Hospital	69-73
Temperature and rainfall	9
Treatment of School children	149
Tuberculosis	83-103
„ and milk	53
„ Care and After-Care Committee	94, 103
„ —classifications of occupations	90
„ deaths and death-rate	84, 85
„ dispensary treatment of	87, 88
„ „ register	89, 90
„ domiciliary treatment of	88
„ —institutional treatment	90-93, 97-103
„ notifications	83-86
„ observation beds	92
„ treatment at City Hospital	90
„ „ at Didworthy Sanatorium	90
„ „ at Mount Gold Hospital	90
„ „ —special forms of	88, 98, 101
Typhoid Fever	131
Ultra-Violet light	27
Ungraded milk	53
Unemployed persons, number of	4
Vaccination	69
Venereal diseases	v, 14, 79, 80, 126, 127
Visiting by Health Visitors and Nurses	23, 24, 88, 149, 157
Vital statistics, summary of	3
Voluntary organisations	38, 94, 113
Wards—area, population and persons per acre	5
„ —map showing statistics	6
Water samples examined	43
Water supply—Port	122, 123
Welfare of the Blind	113-115
Whooping-cough	67, 72
X-ray examinations	88, 89, 101
„ treatment, Ringworm	149

Statistical and Social Conditions of
the Area

Statistical and Social Conditions of the Area

Area (in acres)	5,711 (land and inland water)		
Registrar General's estimate of resident population ..	206,200		
Number of Inhabited Houses (end of 1933)	35,983		
Rateable value	£1,662,000		
Sum represented by a penny rate	£6,700		
Live Births—Legitimate males	1,539	Total	3,049
„ females	1,510		
Illegitimate males	95		
„ females	88	Total	183
		—	3,232
Birth-rate per 1,000 of the estimated resident population	15.67		
Still Births—			
Legitimate, 123 ; Illegitimate, 3	Total	126	
Rate per 1000 total (live and still) births	37.52		
Deaths—			
Males, 1,332 ; Females, 1,398	Total	2,730	
Death-rate per 1000 of the estimated resident population	13.23		
Deaths from puerperal causes—			
Puerperal sepsis ..	7		
Other puerperal causes	13	Total	20
Rate per 1,000 total (live and still) births	5.95		

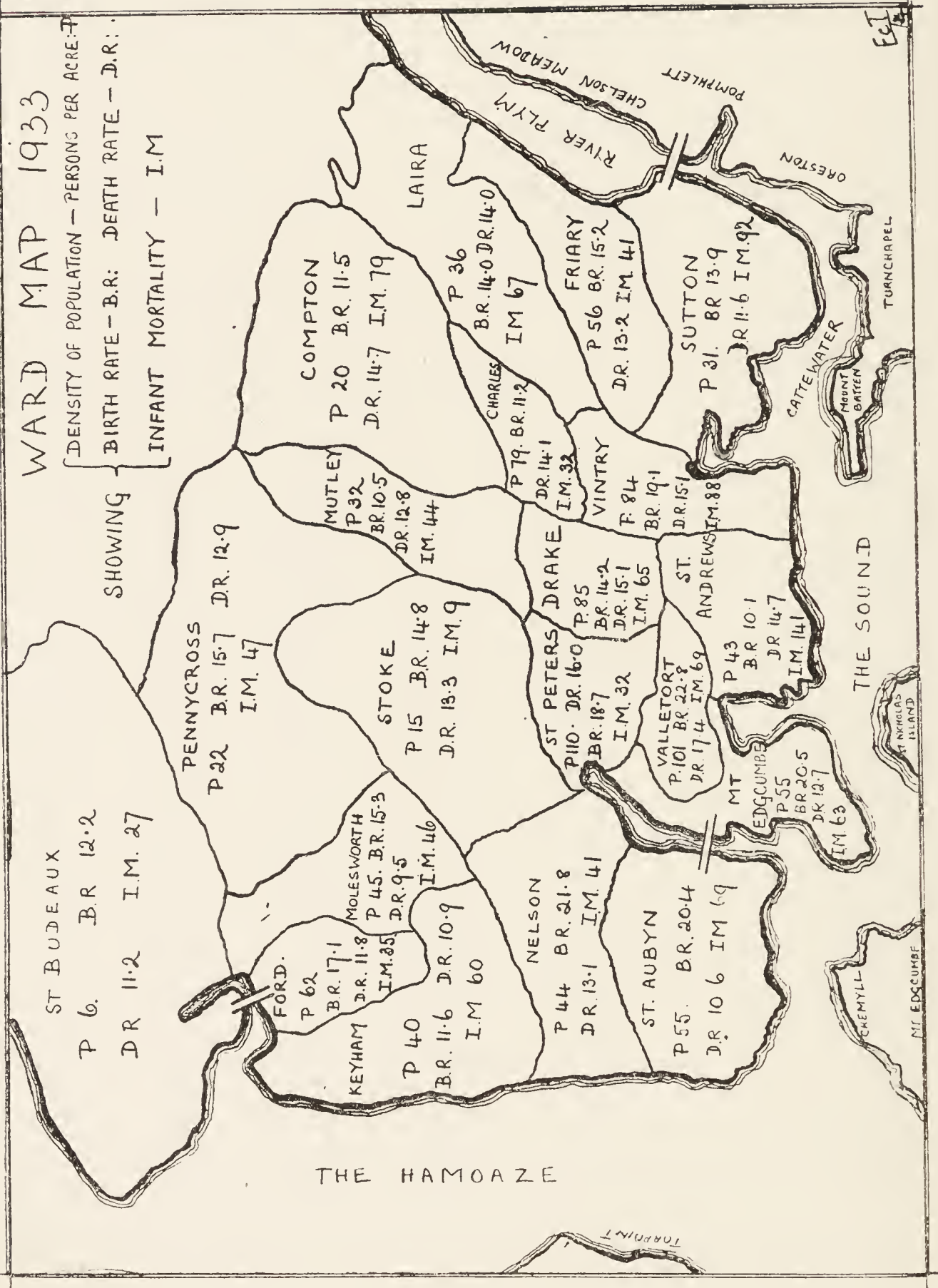
Death-rate of Infants under 1 year of age—						
All infants per 1,000 live births	..	..		58.16
Legitimate infants per 1,000 legitimate live births				56.73		
Illegitimate infants per 1,000 illegitimate live births				81.96		
Deaths from Measles (all ages)	..	..	..	14
Deaths from Whooping Cough (all ages)	..	..		14
Deaths from Diarrhoea (under 2 years of age)			..	10		
Marriages—						
Plymouth, 1,047 ; Devonport, 623 ; East Stone-						
house, 98	..	..	..	1,768
Persons in receipt of Poor Law relief (December 31, 1933)—						
	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>		
Persons receiving Out-door Relief	1,923	2,761	1,751	6,435		
Children boarded-out	10	—	57	67		
Children in the Children's Homes	1	1	123	125		
Persons in Ford House Institution	188	155	—	343		
Casuals at the East Stonehouse						
Institution	42	—	—	42
Unemployed persons in the City (December, 1933)—						
	<i>Men.</i>	<i>Women.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>	
	8,645	1,121	216	155	10,137	

ACREAGE AND POPULATION—WARDS—I931 CENSUS.

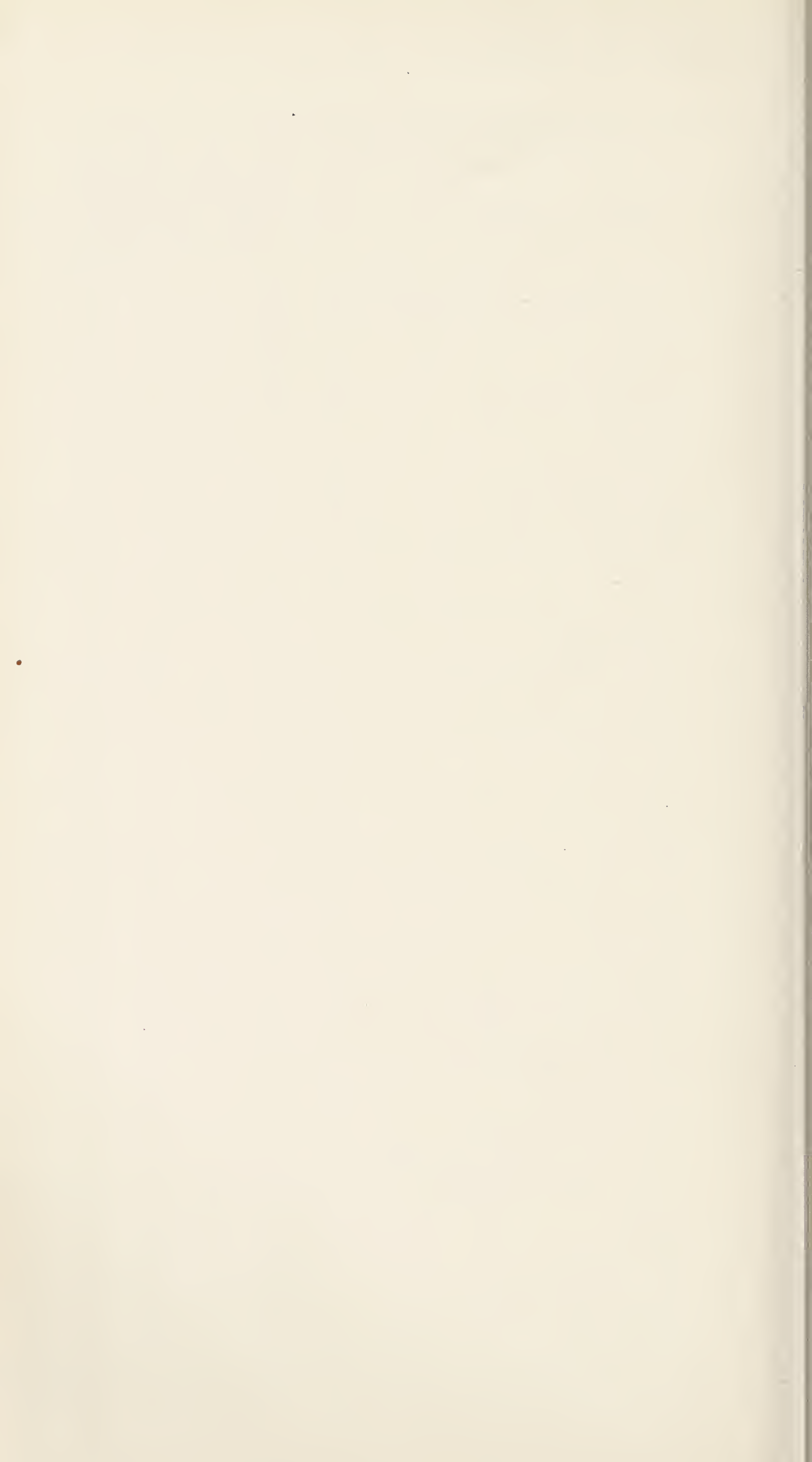
	<i>Acreage (Land and Inland Water).</i>	<i>Persons.</i>	<i>Males.</i>	<i>Females.</i>	<i>Persons per Acre.</i>
City of Plymouth	5711	208182	102196	105986	36.5
Wards—					
Charles	137	10851	4842	6009	79.2
Compton	380	7610	3260	4350	20.0
Drake's	113	9644	4515	5129	85.3
Ford	157	9779	4603	5176	62.3
Friary	193	10888	5180	5708	56.4
Keyham	357	14271	8996	5275	40.0
Laira	321	11703	5354	6349	36.5
Molesworth ..	312	14123	6649	7474	45.3
Mount Edgecumbe	180	10024	5112	4912	55.7
Mutley	265	8472	3544	4928	32.0
Nelson	249	11047	5419	5628	44.4
Pennycross ..	585	13268	6148	7120	22.6
St. Andrew's ..	179	7719	3478	4241	43.1
St. Aubyn	268	14944	8723	6221	55.8
St. Budeaux ..	960	6029	3073	2956	6.3
St. Peter's ..	105	11605	5601	6004	110.5
Stoke	433	6797	3036	3761	15.7
Sutton	297	9301	4646	4655	31.3
Valletort	87	8814	4484	4330	101.3
Vintry	133	11293	5533	5760	84.9

WARD MAP 1933

SHOWING { DENSITY OF POPULATION — PERSONS PER ACRE — P
BIRTH RATE — B.R. DEATH RATE — D.R.
INFANT MORTALITY — I.M



[illegible]



CANCER.

DEATHS FROM CANCER, SHOWING THE PARTS OF THE BODY AFFECTED,
DURING THE YEARS 1930 TO 1933.

<i>Part of the Body Affected.</i>	1930			1931			1932			1933		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Buccal Cavity ..	17	1	18	13	—	13	14	3	17	15	1	16
Stomach, Liver, etc. .	36	46	82	30	42	72	47	24	71	44	45	89
Intestines, etc. ..	27	30	57	30	33	63	31	37	68	22	30	52
Breast ..	—	39	39	—	25	25	—	23	23	—	37	37
Female Genital Organs ..	—	34	34	—	46	46	—	37	37	—	34	34
Skin ..	4	—	4	—	—	—	1	2	3	6	1	7
Other or Unspecified Organs .	53	30	83	66	24	90	62	29	91	44	24	68
TOTALS .	137	180	317	139	170	309	155	155	310	131	172	303

CLIMATOLOGICAL OBSERVATIONS.

TAKEN AT THE "HOE," PLYMOUTH, DURING THE YEAR 1933.

	1933	1932	Average.
<i>Temperature—</i>			
Maximum	83.2 (Aug. 6)	85.0 (Aug. 19)	—
Minimum	23.2 (Dec. 12 & 19)	27.0 (Feb. 11)	—
Mean	51.8	51.5	51.0
Daily Range ..	11.5	10.4	10.8
Relative Humidity ..	80%	81%	84%
<i>Earth Temperature—</i>			
Mean 1-ft. deep ..	52.7	52.4	52.0
Mean 4-ft. deep ..	53.2	52.8	52.2
Grass Minimum ..	19.5 (Dec. 12)	22.3 (Feb. 19)	—
<i>Sea Temperature—</i>			
Mean 6-ft. deep ..	54.1	53.3	52.9
<i>Rainfall—</i>			
Total Fall	30.18"	42.30"	36.34"
Greatest Daily Fall .	1.47" (Dec. 1)	1.75" (June 30)	—
No. of Wet Days ..	169	177	190
<i>Sunshine—</i>			
Total Hours	1887.6	1565.9	1668.7
Most in a Day ..	14.7 (June 5)	15.1 (June 15)	—
No. of Sunless Days	41	74	61
<i>Wind—</i>			
Prevailing Direction	S.W.	S.W.	S.W.
Highest Velocity ..	59 m.p.h.	58 m.p.h.	—
(Gust)			

General Provision of Health Services.

General Provision of Health Services.

Laboratory Facilities.

The following table shows the bacteriological and pathological work done during 1933 for the City at the South Devon and East Cornwall Hospital, Plymouth :—

During the year, 1933, 17,823 specimens were examined for the Public Health Authorities of the City of Plymouth, under an agreement between that body and the Committee of this Hospital. Briefly the nature of these examinations is as follows :

Sputums for Tubercle	1617
Swabs for Diphtheria	8692
Rats for Plague	129
Bacteriological counts on Milks	1155
Bacteriological counts on Shellfish, Waters, Cream, Icecream, etc.	96
Hairs for Ringworm	44
Bacteriological Examinations on various Infectious Diseases	408
Blood counts	9
For Enteric	30
Others	61
Animal Inoculations	15
Wassermanns & Kahns	4238
For Gonococci	1329
	<hr/>
	17,823

As against 15,930 for 1932.

Further examinations, as listed below, were made for the City Hospital :

Sputums for Tubercle	333
Microscopical and other examinations of Morbid Tissues	184
Serological Examinations	36
Bacteriological Examinations	866
Blood counts	281
Biochemical Examinations	896
Miscellaneous	6
Wassermanns & Kahns	1056
For Gonococci	76
Animal Inoculations	30

As against 3234 in 1932.

3764

**Ambulance
Facilities.**

Cases of infectious disease are removed by the City Motor Ambulances.

Non-infectious cases, including accidents and maternity patients, are dealt with by the Plymouth and District Branch of the St. John Ambulance. This association continues to provide an excellent service for Plymouth and District, and I am informed by the Director that it is proposed shortly to commence the erection of a new central ambulance station and administrative offices, etc., on the old prison site at a cost of approximately £6000. This central station will be in addition to the present depots at Notte Street, Plymouth, Union Place, Stonehouse, and Devonport.

**Clinics and
Treatment
Centres.**

A weekly consultant obstetrical clinic has been commenced at the City Hospital, and to it are sent cases from the ordinary ante-natal clinics and patients referred by private practitioners.

The Venereal Diseases Clinic which was situated in the South Devon and East Cornwall Hospital, has been transferred to the City Hospital.

There is now an orthopædic clinic at Mount Gold Hospital to which patients may be referred by practitioners or from other clinics of the Public Health Department, and here they are seen by the orthopædic surgeon. Out-patient treatment is provided, and patients receive continuation treatment, if necessary, after their discharge from the hospital. There is a well-equipped massage and electrical department associated with the clinic.

Hospitals.

The orthopædic section of *Mount Gold Tuberculosis and Orthopædic Hospital* commenced work in April. At first only half the possible accommodation was furnished, namely, sixty beds, but before the end of the year it was necessary to increase the provision up to one hundred and two beds, half of which are for children and half for adults. The proportion of adult beds required greatly exceeded expectations, since, in the original scheme it was intended that one hundred beds would be used for children, and only twenty for adults. So far approximately 20 per cent of the accommodation has been occupied by cases from outside the City, the majority of them having been sent by Devon County Council.

Two part-time orthopædic surgeons visit the hospital, and in addition, see patients who are referred to the orthopædic clinic. There is a teacher for the children, and the hospital has been recognised as a special school by the Board of Education.

The work done by the *City (General) Hospital* during the year shows a remarkable increase over the previous year's figures. The numbers of admissions and discharges have increased by about 30 per cent whilst the average stay of patients in hospital has fallen from about 54 to 42 days. The increase in the number of admissions is represented largely by acute cases. The number of maternity cases delivered in the hospital during 1933 shows an increase of approximately 80 per cent over the 1932 figures.

It is gratifying to be able to report that at last something is to be done in the way of providing suitable quarters for the City Hospital Nursing Staff. Architect's plans are at present being prepared for the building of a new nurses' home of 130 bedrooms with recreation and sitting-rooms.

The *South Devon and East Cornwall Hospital* is at present being extended to provide for "paying patients." This block will include 18 single-bedrooms and three two-bedrooms in addition to an operating theatre, anæsthetic and sterilising rooms, etc.

Didworthy Sanatorium, with a total of 100 beds, has shown a bed occupation of 83.6 during the year, so that a considerable proportion of the beds have remained unoccupied. This is not due to any difficulty in persuading patients to be admitted, since it is very rarely that a patient refuses to accept treatment there. The average stay of patients discharged during the year was 308 days. The number of beds reserved for the treatment of children suffering from pulmonary tuberculosis has been reduced to 20 since this has been found to be sufficient. The allocation of beds is now as follows : 50 for men, 30 for women, and 20 for children.

**Poor Law
Medical
Out-Relief.**
officers :—

The following table shows the work done during the year by the nine part-time district medical

WORK OF DISTRICT MEDICAL OFFICERS—1933.

District.				Number of visits to patients' homes.	Attendances during year.
1	..	..	..	300	1,000
2	..	..	..	469	1,820
3	..	..	..	628	2,277
4	..	..	..	496	1,588
5	..	..	..	189	1,386
6	..	..	..	403	468
7	..	..	..	666	439
8	..	..	..	570	1,100
9	..	..	..	278	596
Totals				3,999	10,674

Maternity and Child Welfare

Maternity and Child Welfare

REPORT OF MEDICAL OFFICER.

		<i>notified.</i>	<i>registered.</i>	<i>allocated.</i>
Births.	Total live births	3399	3414	3232
	„ stillbirths	134	139	126
	Total births	<u>3533</u>	<u>3553</u>	<u>3358</u>
		<u> </u>	<u> </u>	<u> </u>
	Illegitimate births : live		184	183
	Stillbirths		<u>3</u>	<u>3</u>
	Total		<u>187</u>	<u>186</u>

Only 93 of the illegitimate births were notified as such.

The birth rate is 15.67 per 1,000 of the estimated population.

No. notified by doctors	..	..	703
„ „ „ midwives	..	..	2827
„ „ „ parents	..	..	<u>3</u>
			<u>3533</u>

Confined own homes by private midwife	..	..	890
Confined own homes by private midwife with doctor	..	..	365
Confined own homes by T.T.N.A. district midwife	..	..	556
Confined own homes by T.T.N.A. district nurse with doctor			97
Confined own homes by Alexandra district midwife	..	..	80
Confined own homes by Alexandra district midwife with doctor	..	..	56
Confined T.T.N.A. maternity home by midwife	..	..	126
Confined T.T.N.A. maternity home by midwife with doctor			74
Confined Alexandra maternity home by midwife	..	..	279
Confined Alexandra maternity home by midwife with doctor			47
Confined City Hospital by midwife	..	..	441
Confined City Hospital by midwife with doctor	..	..	54
Confined private nursing homes—doctor	..	..	81
Confined private nursing homes—midwife	..	..	54
Confined Military Families' Hospital	..	..	115
Confined South Devon and East Cornwall Hospital			29
Confined Royal Albert Hospital	..	..	1
			<u> </u>
		TOTAL	.. 3345

This leaves unaccounted for 188 notified (208 registered) births, the majority of which would be doctors' cases.

The following summary is based on the investigation of 134 cases :—

<i>Parity.</i>				<i>Standard of living.</i>				
1st pregnancy	..	..	52	Fair to very good	..	..	93
2nd	„	..	29	Poor	..	..	39
3rd	„	..	14	Destitute	..	..	2
4th	„	..	9				—	
5th	„	..	10				134	
6th	„	..	4				==	
7th	„	..	4	<i>Pre-natal supervision.</i>				
8th	„	..	1	By doctor	..	..	55
9th	„	..	2	By midwife only	..	..	19
10th	„	..	6	Clinic	{	M. & C.W.	..	15
12th and over	3			C.H.	..	9
						Alexandra	..	6
						T.T.N.A.	..	12
			134	None	..	..	17
			==	Not known	..	..	1
							—	
							134	

Place of delivery.

Own home with doctor and midwife	66
Own home with midwife only	25
City Hospital	25
Maternity Homes	12
Nursing Homes	1
Military Families' Hospital	3
South Devon & East Cornwall Hospital	1
Royal Albert Hospital	1
	<hr/>
	134
	<hr/>

Nature of delivery.

Presentation.

Spontaneous	75	L.O.A. or R.O.A.	81
Instrumental	30	P.O.P.	13
Bimanual	25	Breech	30
Cæsarean	4	Footling	5
	<hr/>	Transverse	2
	134	Hand	1
	<hr/>	Shoulder	2
			<hr/>
			134
			<hr/>

Congenital abnormality incompatible with life	15
Macerated	39
Abnormalities of cord	11
A.P.H. (not defined)	8
Placenta prævia	8
Toxæmia	3
Prolonged labour (over 24 hours)	10
Well developed and in good condition at term—	
	L.O.A., R.O.A. 28
	Breech .. 18
	P.O.P. .. 11
	Cæsarean .. 2
	<hr/>
	59
Previous stillbirths	26
Illegitimate	1
Twins	5

(See Table on page 39, and chart B on page 40.)

Infant Mortality. Number of deaths under one year : 188 (includes 1 inward transfer).

Infant mortality rate : 58.16 per 1,000 allocated live births.

There has been a slight increase in the number of deaths due to pre-natal and neo-natal causes, and the number of deaths from respiratory diseases remains high. Deaths from diseases of the digestive tract are decreasing, e.g. :—

	1930	1931	1932	1933
Infectious diseases ..	5%	2.6%	8%	5.3%
Respiratory	22%	30%	18%	22.8%
Diseases of digestive tract	11%	6%	6.8%	4.2%

Total number of deaths under one month : 107, i.e. 56.9%, an increase of 5.9% on the previous year.

Illegitimate infant mortality rate : 82 per 1,000 births :—				
			<i>Legitimate.</i>	<i>Illegitimate.</i>
No. of births .. ..	..	..	3049	183*
No. of deaths .. ..	..	..	163	15
Infant mortality per 1,000 ..	..	..	53.4	82

* Note increase of 59 illegitimate births as compared with 1932.

Infantile Diarrhœa. Number of cases notified : 10. Six were under six months of age, none were breast fed, and two died.

There were also six deaths from unnotified gastro-enteritis in children under two years of age.

Infant mortality from this cause has steadily decreased of recent years.

Ophthalmia Neonatorum.

<i>No. Notified</i>	<i>Where treated</i>					<i>Vision un-impaired</i>	<i>Vision im-paired</i>	<i>Deaths</i>
	<i>Home</i>	<i>Royal Eye Infirmary</i>	<i>City Hospital</i>	<i>South Devon Hospital</i>	<i>Maternity Homes</i>			
35	23	1	4	4	3	33	1	1

Nine were severe cases, nine moderately severe and the remainder mild. Four were definitely known to be due to the gonococcus, but many of the cases were not investigated bacteriologically. In eight cases the onset was after the tenth day. Twenty-three cases occurred in the practice of private midwives.

Infant Life Protection.	Number of foster-parents on Register,	
	1st January, 1933	84
New registrations during the year		47
<i>(One registration refused during the year not included in these figures)</i>		—
		131
Removals from Register during the year		45
On Register at end of the year		86
		==
Number of children on Register, 1st January, 1933		88
Notifications of children received during the year		77
		165

Removals from Register during the year :—

Transfers to care of other foster-parents	..	18
Adopted .. .. .	..	3
Over age .. .. .	..	1
Died .. .. .	..	2
Returned to care of relatives .. ..	..	27
Removed to care of official organisations	..	10
Removals to outside areas .. ..	..	9
		—
Total removals from Register .. ..	..	70
On Register at end of the year .. ..	..	95
		—

Health Visiting. Summary of visits paid during the year :—

Births	..	..	..	..	..	3145
1st year visits	..	..	..	..	..	8232
1st visits, 1–5 years	..	..	..	..	..	1354
Re-visits, 1–5 years	..	..	..	..	..	21398
1st ante-natal visits	..	..	..	..	..	627
Re ante-natal visits	..	..	..	..	..	623
Visits <i>re</i> infectious diseases	..	..	..	..	..	93
Infant life protection visits	..	..	..	..	..	557
Miscellaneous visits	..	..	..	..	..	323
						<hr/>
TOTAL VISITS						.. 36352

At the end of the year there were 12,709 children under five for ten health visitors to visit. This is an increase of 383 on last year's figure.

(See Table on page 25.)

Infant Welfare Centres. Thirty-two sessions are held each week. Two additional sessions were opened during the year, one at the Town Hall, and the other at Beaumont Hut, to relieve the prevailing congestion. Twenty voluntary workers assist at the various clinics, and without their valuable and much-appreciated services the staff would be quite unable to cope with the routine work.

Owing to the reduction in staff, the number of sewing classes held had to be considerably reduced.

Diphtheria Immunisation. *(See page 67.)*

Dental Treatment. Cases requiring dental treatment are referred to the dental surgeon at Beaumont House. The following is a summary of the work done for the department :—

Children :—

Root treatment and fillings	..	..	..	9
Root treatment, fillings and extractions	..	..	..	2
Fillings only	..	..	..	40
Fillings and extractions	..	..	..	23
Extractions only	..	..	..	126
TOTAL				210

In five cases the parents paid the whole cost of treatment, and in eight cases the parents paid part cost. The remainder were given free treatment.

Nursing and expectant mothers :—

Scaling and treatment of gums	..	..	..	2
Scaling, treatment of gums and fillings	..	..	..	1
Scaling, treatment of gums, fillings and extractions	..	..	..	10
Scaling, treatment of gums and extractions	..	..	..	23

	<i>Town Hall.</i>	<i>Beaumont Hut.</i>	<i>Devonport Hut.</i>	<i>Wolseley Hall.</i>	<i>Total.</i>
No. of sessions held 	183	236	153	98	670
No. of babies entered on register ...	751 (435 1st)	782 (555 1st)	623 (416 1st)	372 (241 1st)	2528 (1647 1st)
No. of children 1-5 years on register ...	467 (139 1st)	834 (187 1st)	396 (91 1st)	325 (76 1st)	2022 (493 1st)
Total ...	1218	1616	1019	697	4550
No. of babies weighed and mothers advised...	7499	9401	5316	3394	25610
No. of children weighed and mothers advised	3747	4821	2553	2291	13412
Total ...	11246	14222	7869	5685	39022
Doctors' consultations 	4275	4900	3469	2365	15009
Average attendance per session ...	61.5	60.6	51.5	58	58.16
Sewing classes held 	41	43	46	—	130
Total attendances 	595	549	258	—	1402
Sanitary defects reported 					136
Health talks given 					6
Attendances at clinics by Health visitors ...					2364

Fillings only	2
Fillings and extractions	14
Extractions only	107
	<hr/>
TOTAL ..	159
	<hr/>

Number of persons supplied with dentures ..	63
(extractions included in above return)	
Remakes and repairs	11

In four cases the patients paid the whole cost of treatment, and in 72 cases the patients paid part cost. The remainder were granted free treatment (necessitous cases).

The total cost to the department amounted to £407 1s. 8d. The receipts were £100 12s. 4d. Under National Health Insurance rates the cost would have been considerably higher, i.e. £621 4s. 0d.

The following table shows the progress made since 1927 :—

Year.	No. of cases dealt with for extractions, fillings, etc.		DENTURES (Extractions in preced. col.)	
	Children.	Nur. and Expt. mothers.	Persons supplied.	Repairs.
1927	41	48	15	2
1928	41	69	28	—
1929	130	69	41	—
1930	146	88	55	—
1931	163	106	43	—
1932	185	197	55	16
1933	210	159	63	11

Orthopædic Treatment.

All cases are now dealt with at Mount Gold Orthopædic Hospital. On April 1st one case was transferred to Mount Gold from Dame Hannah Rogers' Orthopædic Hospital at Ivybridge. Fourteen new cases have been admitted since April 1st and 9 discharged, the cost of treatment being £558.

**Ultra-Violet
Light Clinics.** No. of sessions held, 202. No. on register, 212.
First attendances, 184. Total attendances, 3,938.
Average attendance, 19.5.

Rickets : 81 cases.

Treatment completed, 15 (cured, 11 ; much improved, 4).
Ceased to attend before treatment completed, 29 (improved, 26).
Ceased to attend after a few exposures, 26.
Still under treatment, 11.

Prophylactic : 10 cases.

Generally improved, no rickets, 9 ; ceased to attend, 1.

Malnutrition : 18 cases.

Treatment completed, 4 (much improved, 3 ; improved, 1).
Ceased to attend before treatment completed, 8 (improved, 7).
Ceased to attend after a few exposures, 3.
Still under treatment, 4 (improved, 3 ; i.s.q., 1).

Subnutrition and Debility : 56 cases.

Treatment completed, 8 (much improved, 6 ; improved, 2).
Ceased to attend before treatment completed, 15 (improved, 13 ;
i.s.q., 2).
Ceased to attend after few exposures, 21.
Still under treatment, 12 (improved, 10).

Skin Diseases : 24 cases.

Cured, 6 ; improved, 5 ; i.s.q., 1 ; ceased attending, 8 ; still
attending, 4 (all improved).

Cervical adenitis (tuberculous) : 3 cases.

Cured, 1 ; improved, 1 ; still attending, 1.

Miscellaneous : 6 cases.

Ante-natal : 14 cases.

Definite improvement in general well being, 7.
Ceased to attend after few exposures, 7.

Ante-Natal.

	<i>Town Hall.</i>	<i>Beaumont Hut.</i>	<i>Devonport Hut.</i>	<i>Wolseley Hall.</i>	<i>Total.</i>
No. of sessions held ...	101	103	102	50	356
First attendances $\left\{ \begin{array}{l} \text{Pr.} \\ \text{M.} \\ \text{N.P.} \end{array} \right.$	$\left. \begin{array}{l} 66 \\ 171 \\ 36 \end{array} \right\} 273$	$\left. \begin{array}{l} 64 \\ 170 \\ 34 \end{array} \right\} 268$	$\left. \begin{array}{l} 62 \\ 148 \\ 48 \end{array} \right\} 258$	$\left. \begin{array}{l} 35 \\ 74 \\ 3 \end{array} \right\} 112$	$\left. \begin{array}{l} 227 \\ 563 \\ 121 \end{array} \right\} 911$
Re-attendances ...	1376	1394	1148	495	4413
Post-natal attendances $\left\{ \begin{array}{l} \text{1st} \\ \text{re-} \end{array} \right.$	$\left. \begin{array}{l} 60 \\ 28 \end{array} \right\}$	$\left. \begin{array}{l} 45 \\ 40 \end{array} \right\}$	$\left. \begin{array}{l} 21 \\ 14 \end{array} \right\}$	$\left. \begin{array}{l} 23 \\ 3 \end{array} \right\}$	$\left. \begin{array}{l} 149 \\ 85 \end{array} \right\}$
Miscellaneous, 1st and re-visits	76	54	67	25	222
Total attendances ...	1813	1801	1508	658	5780
Average per session ...	17.9	17.48	14.78	13.16	16.2
Consultations ...	1367	1177	1201	570	4315

There has been no alteration in the number of sessions held.

No. confined in 1933 740*

No. aborted in 1933 19

No. of above confined in City Hospital 193

No. referred to C.H. for A.N. treatment 18

* Includes 29 stillbirths.

Character of labour in 740 confinements :—

Spontaneous	653
Instrumental	61
Cæsarean section	7
Induction	7
Bimanual	9
Not known	3

740*

* 8 twin and 13 breech deliveries.

Abnormalities found in cases attending for first time in 1933 :—

1.	Contracted pelvis—					
	Minor	..	..	..	..	38
	Major	..	..	..	..	4
2.	Albuminuria	..	..	..	..	135
3.	Toxæmia	..	..	..	..	8
4.	Syphilis	..	..	..	..	4
5.	Gonorrhœa	..	..	..	..	5
6.	Cardiac disease	..	..	..	..	29
7.	Respiratory diseases	..	..	..	..	17
8.	Carious teeth	..	..	..	..	282
9.	Profuse leucorrhœa	..	..	..	..	33
10.	Severe digestive disturbances	..	..	..	..	7

Abnormalities found on post-natal examination :—

Subinvolution	..	..	..	..	8
Prolapse of uterus	..	..	..	..	1
Cystocœle	..	..	..	..	7
Cervical tears and erosions			..	..	18
Retroversion	..	..	..	..	20
Cystitis..	..	..	..	..	4

The number of cases returning for post-natal examination still falls far short of what is desirable.

Ante-natal work done for T.T.N.A. :—

Seen by doctor—1st attendances, Pr.	..	155	}	318
M.	..	163		
Total	..	..		1512

The number of expectant mothers attending ante-natal clinics, both municipal and voluntary, during the year, is represented by 59.38 per cent of the notified births.

Maternity Bags.

Number lent, 17.

Home Helps.

Number sent out, 90.

Supervision of Midwives.	Number notifying intention to practice	84
	Ceased practice during the year	3
Left district after training	.. ..	26
		— 29
		—
On register at end of year	.. ..	55
		==
In private practice	.. ..	27
T.T.N.A.	.. ..	16
Alexandra Maternity Home	.. ..	9
Wingfield Nursing Home	.. ..	3
		—
		55
		==

Number of cases attended by private midwives :—

One midwife had over 180 cases, one over 160, one over 100, seven had between 60–75, nine had under 50, and seven had under 20 cases.

Roughly two-thirds of the total births were conducted by midwives only.

District cases attended by midwife	.. ..	1526
District cases attended by midwife acting as maternity nurse	.. ..	518
*Institutional cases attended by midwife	.. ..	900
*Institutional cases attended by midwife acting as maternity nurse	.. ..	256
		—
		3200
		==

* Includes maternity and nursing homes, and City Hospital, but not 145 births in general hospitals.

Medical help was sought by midwives in 637 cases, approximately 93 calls being for the child.

The following are the reasons given for seeking medical aid :—

Albuminuria	.. ..	32	Unsatisfactory condition of	
Oedema	.. ..	14	mother—	
Fits	.. ..	1	Ante-natal	.. .. 66
Fainting attacks	.. ..	2	Post-natal	.. .. 7

Varicose veins 3	Retained membranes .. 8
Vaginal discharge 1	Ruptured perineum .. 163
Pus in urine 2	Pulmonary embolism .. 1
Severe sickness 3	Pain in leg 3
Jaundice 2	Painful breast 6
Hydramnios 1	Difficulty of micturition .. 1
Contracted pelvis 4	Rise of temperature .. 16
Malpresentation 50	Mental 2
Foetal distress 2	Abdominal pains 7
Hæmorrhage—	Skin conditions—
Ante-partum 17	Mother 1
Post-partum 5	Baby 2
Placenta prævia 2	Death of infant 1
Premature labour 6	Deformity of infant .. 9
Prolonged labour 100	Feeble infant 47
Prolapse of cord 2	Melæna neonatorum .. 1
Uterine inertia 5	Phimosis 1
Miscarriage 5	Twins, feeble 2
Threatened abortion .. 4	Discharging eyes 25
Stillbirth 3	—————
Death of foetus 2	TOTAL .. 637
	=====

The total number of calls is 218 less than last year. There is a further decrease in the number of calls for discharging eyes, which is very satisfactory.

Ninety-eight visits of inspection were paid to midwives in their own homes. The standard of ante-natal supervision by the midwife is slowly improving.

Post-certificate course. Midwives' Week, as it has come to be known, was a great success this year. As hitherto, the course consisted of a series of lectures and demonstrations, and on one evening films were shown. The instruction given was obviously appreciated, and much enthusiasm was displayed. In addition to local midwives, 48 attended from Devon and 23 from Cornwall. The total number of midwives attending was 133, and the average attendance per lecture 95.

Maternal Mortality. Thirty women died in Plymouth from causes associated with or attributable to pregnancy and childbirth. Three of these (two puerperal septicæmias, and one puerperal embolism) were not confined in Plymouth, and therefore are not accounted for in the following report.

Twenty-seven deaths were investigated, and of these 3 were associated with and 24 due to pregnancy or childbirth. Four of the 24 were outward transfers, leaving 20 deaths to be allocated to Plymouth—there were no inward transfers. The maternal mortality rate is 5.95 per 1,000 allocated births.

Deaths associated with pregnancy and childbirth : 3

Causes of death.

Lobar pneumonia	..	2	{ 1 died own home.
			{ 1 died in maternity home.
V.D.H. (undelivered)	..	1	died in hospital.

Deaths due to pregnancy and childbirth : 24

Causes.

Sepsis	..	..	..	9	Confined own home	..	9
Hæmorrhage—					Aborted own home	..	2
A.P.H.	..			3	Confined in institutions—		
P.P.H.	..			1	City Hospital		5
			—	4	Maternity Homes		4
Abortion (Sepsis, 3)	..			3	Nursing Homes		2
Eclampsia	..	..		2	S.D. & E.C. Hospital		2
Ruptured ectopic	..			2		—	13
Embolism (post-Cæsarean)				1			—
Toxæmia	..	..		2			24
Intestinal obstruction							==
(Post-Cæsarean)	..			1			
				—			
				24			
				==			

<i>Ages.</i>				<i>Character of labour.</i>			
Under 20 years	..	..	—	Abortion	..	..	3
20–25 years	..	..	6	Spontaneous (5 district			
25–30	„	..	3	cases)	..	..	8
30–35	„	..	5	Instrumental	..	..	1
35–40	„	..	7	Bimanual (2 instrument-			
40 and over	..	..	3	al)	..	..	3
			—	Induction	..	..	1
			24	Cæsarean	..	..	4
			=	Ruptured ectopic	..		2
				Undelivered (both C.H.)—			
				Eclampsia	..		1
				Placenta prævia			1
						—	2
							—
							24
							=

<i>Duration of Pregnancy.</i>				<i>Parity.</i>			
Term	..	..	14	1st pregnancy	..	..	7
Premature	..	..	5	2nd	„	..	5
Abortion and early ectopic			5	3rd	„	..	6
			—	4th	„	..	3
			24	5th	„	..	2
			=	9th	„	..	1
							—
							24
							=

<i>Ante-natal supervision.</i>				<i>Home conditions.</i>			
Satisfactory	..	..	12	Good to very good	..		6
Inadequate	..	..	7	Fair	..	..	14
Nil	..	..	4	Poor	..	..	4
Not known	..	..	1				—
			—				24
			24				=
			=				

Maternal mortality remains higher in Plymouth than in the country as a whole.

TOTAL PUERPERAL MORTALITY.

Year.	ENGLAND AND WALES.		PLYMOUTH.	
	Per 1,000 live births.	Per 1,000 total births.	Per 1,000 live births.	Per 1,000 total births.
1928	4.42	4.25	6.04	—
1929	4.33	4.16	4.98	—
1930	4.40	4.22	6.43	—
1931	4.11	3.94	—	2.81
1932	4.21	4.04	—	5.58

Puerperal Pyrexia and Puerperal Fever. Number of cases notified, 51.
P.P. 25 (3 deaths) giving case rate of 7.03 per 1,000 registered births.

P.F. 26 (8 deaths) giving case rate of 7.30 per 1,000 registered births.

Amended classification:

P.P. 25 (2 deaths).

P.F. 26 (9 deaths).

Puerperal sepsis death rate per 1,000 registered births, 2.5.

Treated in City Hospital	..	..	..	32 cases.
„ „ S.D. & E.C. Hospital	..	..	..	2 „
„ „ Maternity and Nursing Homes	..	..	..	2 „
„ „ Military Families' Hospital	..	..	..	3 „
„ „ own homes	..	..	..	12 „
				—
				51 „
				==

The following summary of 50 cases is based on the amended classification :—

			<i>P.F.</i>	<i>P.P.</i>
Aborted own home	..	..	1	—
Confined own home—				
(a) midwife only	..	..	5	12
(b) midwife with doctor	..	..	9	4

Confined City Hospital	..	..	3	4
„ Alexandra Maternity Home	..	1	—	
„ T.T.N.A. Maternity Home	..	6	1	
„ Military Families' Hospital	..	—	3	
„ Nursing Homes	..	1	—	
		—	—	
		26	24	
		==	==	

Parity.

Primiparæ	..	..	..	..	14	9
Multiparæ	..	..	..	..	12	15
					—	—
					26	24
					==	==

Duration of pregnancy.

Term	..	..	..	..	25	20
Premature	..	..	..	..	—	4
Abortion	..	..	..	..	1	—
					—	—
					26	24
					==	==

Character of labour.

Spontaneous	..	..	..	13	17
Instrumental	..	..	..	7	4
Breech	..	..	..	2	1
Abortion	..	..	..	1	—
Manual delivery	..	..	..	2	—
Cæsarean (after prolonged labour)	..	1	2	—	—
		26	24		
		==	==		

Day of onset of illness.

1st	..	..	..	..	2	—
2nd	..	..	..	..	3	5
3rd	..	..	..	..	7	2
4th	..	..	..	..	5	1
5th	..	..	..	..	3	—
6th	..	..	..	..	1	1
7th	..	..	..	..	3	1

8th	..	..	..	..	—	2
9th	..	..	..	..	—	1
10th and over	..	..	..	2		8
3 days before labour	..	..	..	—		2
2 days before labour	..	..	..	—		1
				—		—
				26		24
				==		==

Pyrexia due to :—

Pleurisy	1	Post-Cæsarean ..	2
Chill	1	Uræmia	1 (died)
Influenza	2	Endometritis ..	4
Lobar pneumonia	1 (died)	Salpingitis ..	1
Pyelitis	2	Pelvic abscess ..	1
Retained products	4	Peritonitis ..	2 (died)
Local sepsis ..	4	Septicæmia ..	14 (7 died)
Mastitis	8		—
White leg ..	1		50
A.P.H.	1		==

Bacteriological data.

Cultured from cervix or uterus—

Non. haem. strept. ..	..	..	in 3 cases.
Staph. .. ..	..	..	in 3 „

Cultured from the blood—

Non. haem. strept. ..	..	..	in 2 „
Haem. .. ..	..	..	in 1 case.
Staph. aureus. ..	..	..	in 3 cases.

Cultured from pelvic abscess—

Non. haem. strept.	in 1 case.
-----------------------	----	----	------------

Cultured from urine—

Pus and B. coli	in 1 „
--------------------	----	----	--------

In one fatal case a non. haem. streptococcus was cultured from both blood and uterus.

Maternity and Nursing Homes.

Maternity Homes.

On register, 1st January, 1933	..	..	..	7
Applications for transfer of registration	..	..	..	1
Registered .. ..	..	..	..	1
Closed during the year	..	..	..	1
On register at end of the year	..	..	..	6

Nursing Homes.

(Five take maternity cases.)

On register, 1st January, 1933	..	..	..	8
Applications for transfer of registration	..	..	..	1
Registered	..	..	..	1
Closed during the year	..	..	..	1
On register at end of the year	..	..	..	7

There were no applications for exemption from registration.

Fifty routine visits of inspection were paid to maternity and nursing homes during the year.

During April six cases of puerperal sepsis occurred in one of the large maternity homes, and two of these died. This outbreak supervened on a similar outbreak in the district practice of the same institution. The whole outbreak was thoroughly investigated, much valuable assistance being rendered by a personal visit from Dame Janet Campbell, and as a result two medical officers were appointed to supervise the midwifery work in the Home, the trained nursing staff was augmented, various modifications of technique were adopted, and several structural alterations were carried out. The Home was closed at the end of April, and did not re-open until the middle of June, when the structural alterations were completed. No further cases have occurred up to date.

Birth Control. The following report has been received of the work done at the mothers' advice clinic, which is still held once a week at Beaumont Hut under the auspices of the Plymouth branch of the N.B.C.A.

No of clinics held, 48.

No. of 1st attendances, 166. (Advice given to 159.)

No. of re-attendances, 226.

Sent by Health Authorities, 67.

Fees paid to Doctors. 441 doctors' accounts were dealt with under Section 14 of the Midwives Act, 1918, and in 360 of these the full fee was paid by the local supervising authority without recovery. In 46 cases the full fee, and in 35 cases half the fee, was recoverable in accordance with the scale of income fixed by the City Council.

**Fees paid to
Midwives.**

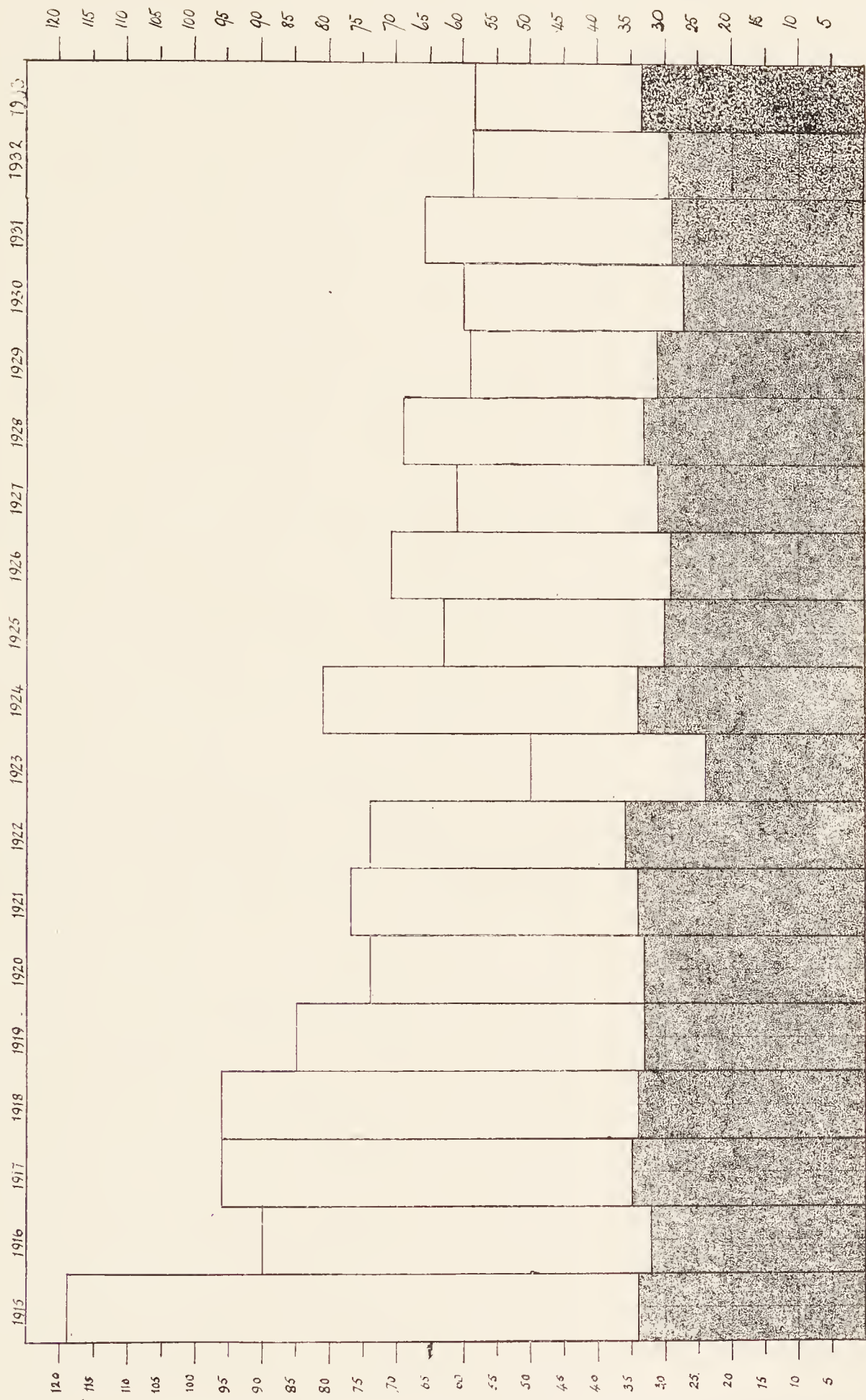
In 37 necessitous cases the midwife's fee was paid by the local supervising authority, due application having been made during the ante-natal period.

In 4 cases a small compensation fee was paid for loss of a booked case which had to be sent to hospital.

Lastly, it is with much pleasure that I take this opportunity of thanking the various voluntary organisations in the City for their friendly and helpful co-operation, and, above all, our own voluntary workers for the splendid service they have given throughout the year.

Total	2	10	5	37	31	18	5	4	6	4	2	63	44	23	13	10	7	11	7	5	5	112	76	7	4	10	11	4	7	12	19	9	11	7	14	13	10	2	6	10	10	21	1	188
-------	----	----	----	---	----	---	----	----	----	---	---	---	---	---	----	----	----	----	----	---	----	---	---	---	-----	----	---	---	----	----	---	---	----	----	---	----	---	----	----	----	---	---	----	----	----	---	-----

CHART B.
INFANT MORTALITY, 1915--1933



NOTE: The shaded portion shows the number of Deaths due to ante-natal causes per 1,000 births; and the unshaded portion shows the Deaths due to post-natal influences. The total column shows the rate of infant mortality year by year.

Sanitary Circumstances
including the
Report of the Chief Sanitary Inspector

Sanitary Circumstances including the Report of the Chief Sanitary Inspector

Water Supply. The water supply of the city is quite satisfactory with regard to both quality and quantity. It is a soft upland surface water.

Quarterly chemical analysis of the main supply during the year gave the following results, the figures representing parts per 100,000. The samples are taken from various points in the city :—

	FEBRUARY		MAY		AUGUST		NOVEMBER	
Total Dissolved Solids	3.60	4.00	3.8	4.0	3.5	3.7	5.0	3.8
Suspended Matter	nil	trace	nil	0.18	nil	nil	nil	nil
Ammonia	nil	nil	trace	nil	nil	nil	nil	nil
Albumoid Ammonia	0.002	0.002	0.003	0.002	0.002	0.002	0.002	0.002
Nitrogen as Nitrites	nil	nil	nil	nil	nil	nil	nil	nil
Nitrogen as Nitrates	0.043	0.043	0.043	0.043	0.109	0.087	0.175	0.087
Chlorine	0.88	0.52	0.53	0.71	0.53	0.67	0.71	0.71
O ₂ consumed ...	0.376	0.211	0.176	0.192	0.225	0.211	0.256	0.15
Poisonous Metals ...	nil	nil	nil	nil	nil	nil	nil	nil

Dry Household Refuse. The method of collection of dry house refuse is as follows :—

“ Karrier ” motor vehicles collect ..	80.20%
Electric motors collect	6.60%
Horse waggons collect	13.20%

During the year the total amount of refuse collected was 52,396 tons.

Disposal is by controlled tipping, 79.87 per cent ; and burning at Prince Rock Destructor, 20.13 per cent.

Closet Accommodation. During the year drains have been provided for six houses at Laira previously undrained, and the earth closets have been replaced by sufficient water-closets. Practically every house in the City has now a drain or drains connected to the Corporation sewers.

Offensive Trades. The businesses generally known as Offensive Trades and the licensed Knacker's Yard (horse slaughterer) are grouped together within easy distance of the City's refuse destructor in the Prince Rock and Cattedown district. They are registered and are constantly under the supervision of the Sanitary Inspectors with a view to preventing them becoming a nuisance. During the year special attention has been given to three of the largest of these concerns, complaints having been received from time to time.

At the instigation of the Health Department two firms have recently carried out fairly extensive alterations and replacements of plant, including new digesting machines, condensers, and fume piping. This ought to have the effect of reducing offensive smells to a minimum.

Fertilisers and Feeding Stuffs Act, 1926. One sample of fertilisers and one of feeding stuffs were obtained during the year for analysis by the Public Analyst.

With regard to the fertiliser, a caution was sent to the manufacturers.

The feeding stuff was found to be genuine.

Sanitary Condition of Schools. The Education Committee is proposing to raise a loan of about £6,000 for the provision of new sanitary conveniences at 14 schools. St. Peter's School is being reconstructed, and the re-building of Palace Court School is about to be commenced.

SANITARY INSPECTION OF PLYMOUTH 1933

Visits to Premises	26,394
Tests applied to House Drains	4,400
Notices served to abate Nuisances	1,828
Notices complied with	1,784
Legal Notices served	117
Sanitary Improvements effected	8,252
Letters written	2,134
Houses systematically inspected	1,951

HOUSES LET IN LODGINGS.

Number of visits	14,197
Notices served	1,308
Notices complied with	1,314

Visits to premises in connection with Infectious Diseases 1,250

FACTORY AND WORKSHOP ACT.

Inspections of Bakehouses	92
" Workshops	797
" Factories	306
" Outworkers' Premises	60
Notices and Letters sent <i>re</i> defects	66

GENERAL SANITARY WORK EFFECTED.

Number of Drains re-laid or repaired	847
Choked drains cleared	354
Soil pipes and Ventilating Shafts fixed or repaired	390
Stoneware Gully Traps fixed	976
New Water-closet Pans fixed	682
Inspection Chambers constructed	371
Flush Cisterns fixed or repaired	496
New Closets and Urinals provided	210
Surface of Courtyards, etc., re-laid or repaired	760
Refuse Bins provided	580
Premises cleansed and limewashed or papered	469
Roofs and Flats repaired	386
Foul Closets cleansed	81
Overcrowding abated	9
Offensive Manure removed	135
New Ground Floors laid and ventilated	184
Slate Tanks abolished	32
Eaves Gutters and Fall Pipes repaired	215
Wall Drains and Cesspits destroyed	14
Nuisances (caused by keeping of animals) abated	91
Other Sanitary Improvements	970
Total	8,252

Disinfection.

Premises disinfected	2,224
Articles disinfected	13,135

Rats and Mice (Destruction) Act, 1919.

The following represents the work carried out under the above Act during 1933 :—

Premises visited and re-visited	1,692
Baits laid	15,500
Rats destroyed	1,467

Factories, Workshops and Workplaces.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

<i>Premises.</i> (1)	<i>Number of</i>		
	<i>Inspections.</i> (2)	<i>Written Notices.</i> (3)	<i>Occupiers prosecuted.</i> (4)
Factories (Including Factory Laundries)	306	21	—
Workshops (Including Workshop Laundries)	794	45	—
Workplaces (Other than Outworkers' premises)	—	—	—
Total	1,100	66	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts :—				
Want of cleanliness	63	52	—	—
Want of ventilation	1	1	—	—
Overcrowding	1	1	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	11	10	—	—
Sanitary accommodation {	insufficient	4	—	—
	unsuitable or defective	13	—	—
	not separate for sexes	2	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences	—	—	—	—
Total	95	79	—	—

HOUSING

I am indebted to the Housing Manager for the following table showing the work done relative to individual unfit houses.

HOUSING STATISTICS, 1933

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—			
(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	21,434
	(b)	Number of inspections made for the purpose	21,434
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,951
	(b)	Number of inspections made for the purpose	1,951
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	189
2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—			
		Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	5
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—			
	(a)	Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :	
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	151
	(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
		(a) By owners	123
		(b) By local authority in default of owners	nil
	(b)	Proceedings under Public Health Acts :	
	(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	182
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
		(a) By owners	117
		(b) By local authority in default of owners	nil
	(c)	Proceedings under sections 19 and 21 of the Housing Act, 1930 :	
	(1)	Number of dwelling-houses in respect of which Demolition Orders were made	7
	(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	nil
	(d)	Proceedings under section 20 of the Housing Act, 1930 :	
	(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	26
	(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	4

**Slum
Clearance.**

A survey of the housing conditions of the City was carried out as a result of the Ministry's Circular 1331, with a view to formulating a five years' programme of slum clearance. The Council subsequently adopted the following programme, which was provisionally accepted by the Ministry of Health :—

CLEARANCE AREAS.

<i>Name of Area.</i>				<i>Houses.</i>	<i>Persons displaced.</i>	<i>New houses to be provided.</i>
1.	Mount Street, Devonport	...	...	39	291	58
2.	Alice and Jay's Cottages	...	...	7	48	10
3.	Octagon and Wootton Cottages	...	...	40	126	25
4.	Cambridge Lane East	...	...	18	106	21
5.	Cambridge Lane West	...	...	7	36	7
6.	Salem and Exeter Streets, No. 1, No. 2	...	...	8	69	14
7.	Richmond Lane South, Milton Place	...	...	10	52	10
8.	Richmond Lane (Rear)	...	...	6	23	5
9.	Richmond Lane South	...	...	7	27	5
10.	Moon and North Streets	...	...	17	206	41
11.	Granby Street and Lane	...	...	81	602	121
12.	Bath Street	...	...	70	405	81
TOTALS				310	1991	398

IMPROVEMENT AREAS.

Name of Area.				Houses to be demol- ished.	Persons Displaced.		New houses to be pro- vided.
					From houses demol- ished.	To abate over- crowd- ing.	
A.	West of Queen Street	...	..	17	196	114	62
B.	South side of Pembroke Street	...	...	14	103	121	45
C.	King Street North	...	...	12	74	69	29
D.	High Street, Stonehouse	...	...	14	65	234	60
E.	Higher Street, Plymouth	...	...	5	50	41	18
F.	William, York and Richmond Streets	...	...	20	67	20	17
G.	Mutton Cove	...	..	6	23	12	7
TOTALS				88	578	611	238

Immediate Schemes. The Council has decided to make an immediate start upon six clearance areas, and one improvement area, and the necessary proposals and plans have been forwarded to the Minister of Health for approval. These are the following :—

Clearance Areas : Alice and Jay's Cottages, Octagon and Wootton Cottages, Salem and Exeter Streets (Areas No. 1 and No. 2), Moon and North Streets, Granby Street and Lane.

Improvement Area : South side of Pembroke Street.

High Street and Peel Street Compulsory Purchase Order. A considerable amount of delay has been occasioned in the carrying of this clearance order, which has been confirmed by the Minister, owing to difficulties of arbitration with the owners. However, there is every prospect now of an early commencement of the work of clearance and erection of flats.

Inspection and Supervision of Food

Inspection and Supervision of Food

MILK SUPPLY.

Samples of milk and ice-cream taken for bacteriological content during the year are as follows :—

Certified milk	69
Grade “ A ” and Grade “ A ” (T.T.) milk	376
Pasteurised milk	84
Sterilised Milk	63
Ordinary raw milk	563
Ice-cream	38

TOTAL 1193

Twenty-four samples of milk were examined for tubercle bacilli by animal inoculation and all proved to be negative.

The following table is of interest in showing the standard of cleanliness of ordinary raw milk as judged by total bacterial content :—

DETAILS REGARDING SAMPLES OF ORDINARY MILK TAKEN IN COURSE OF DELIVERY FOR BACTERIOLOGICAL EXAMINATION.

Year.	No. of Samples taken.	Conforming to “ Grade A ” Milk Standard (as judged by total count).		Conforming to “Certified” Milk Standard as (judged by total count).	
		Number.	Percentage.	Number.	Percentage.
1926	441	312	70.7	30	6.7
1927	384	260	67.7.	114	29.7
1928	455	328	72.1	186	40.9
1929	572	402	70.3	181	31.6
1930	606	458	75.6	147	24.2
1931	586	366	62.5	157	26.8
1932	650	430	66.2	119	18.3
1933	533	365	68.5	12	2.3

DESIGNATED MILK.

The total number of licences to sell designated milk was 60 which included 5 new applications.

Pasteurised Licences	..	..	..	1
Certified Licences	..	..	..	7
Grade "A " Tuberculin Tested Licences	..			45
Grade " A " .. .. .	..	..	..	7

MILK AND DAIRIES ORDER, 1926.

Cream. Stallholders in the Plymouth and Devonport Markets who previously exposed cream for sale in large open bowls, have been required to retail their cream in properly covered containers, pre-packed on registered milk premises, with the result that this article of food is now protected from possible contamination from dust and from vegetables, meat, etc., exhibited on the stalls.

Six prosecutions were brought for offences under this Order, and a conviction was obtained in three cases. Details are :—

<i>Offence.</i>	<i>Penalty inflicted.</i>
Conveying vegetables with churns	Fined 10s.
Dirty churn	Fined £2.
Condition of churns	Fined £1.
Bottling milk in street and Skim- med Milk vessel not marked..	Case dismissed.
Skimmed milk vessel not marked	Case dismissed on payment of costs.
Unregistered premises ..	Case dismissed on payment of costs.
Number of visits by inspectors to dairies, cowsheds and milkshops .. .. .	.. .. . 3239

MEAT AND OTHER FOODS.

Inspection of premises :—

Number of provision shops inspections	1055
Number of fish carts and shops inspections	551
Number of fruit carts and shops inspections	1361
Number of butchers' shops inspections	431
Number of slaughter-houses inspections	3479

UNSOUND FOOD DESTROYED.

The quantity of unsound food surrendered to District Sanitary Inspectors, and destroyed :—

FRUIT—				<i>Tons cwt. qrs. lbs.</i>			
Apples .. ..	..	..	..	0	0	2	4
Cherries .. ..	..	..	..	0	0	0	16
Grape Fruit .. ..	..	..	..	0	1	0	0
Oranges .. ..	..	..	..	2	7	0	0
Pears .. ..	..	..	..	0	6	3	16
Plums .. ..	..	..	..	0	0	0	10
Strawberries .. ..	..	..	..	0	0	0	21
Tomatoes .. ..	..	..	..	0	1	3	21
VEGETABLES—							
Beans .. ..	..	..	..	0	7	3	12
Cabbage .. ..	..	..	..	0	13	2	0
Carrots .. ..	..	..	..	0	9	0	0
Lettuce .. ..	..	..	..	0	2	0	8
Onions .. ..	..	..	..	1	13	0	7
Potatoes .. ..	..	..	..	0	10	1	0
PROVISIONS—							
Beef .. ..	..	..	..	0	0	2	21
Offal .. ..	..	..	..	0	0	2	25½
Pigs' Liver .. ..	..	..	..	0	0	0	3½
Pigs' Lungs .. ..	..	..	..	0	0	3	24
Pork .. ..	..	..	..	7	12	3	15
Veal .. ..	..	..	..	0	0	0	6
Turkey .. ..	..	..	..	0	0	0	15

TINNED GOODS—

Beef	..	..	..	0	4	1	22
Tongue	..	..	..	0	1	2	10½

FISH, SHELLFISH, ETC., INSPECTED AND CONDEMNED.

<i>Total of—</i>				<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
<i>Fish inspected</i>	..	..	..	4596	19	1	0
<i>Fish condemned (various)</i>	..	..	..	16	12	2	21
Smoked haddock	..	.	..	0	1	3	21
Smoked codlings	..	..	..	0	0	1	7
Kippers	..	..	..	0	4	0	21
Bloaters	..	..	..	0	0	0	14

Shellfish condemned—

Queens	.	..	..	1	10	1	0
Escallops	..	..	..	0	3	3	0
Whelks	..	..	..	0	1	2	0
Shrimps	..	..	..	0	0	1	20
Prawns	..	..	..	0	0	0	8
Lobsters	..	..	..	21 in number			
Crayfish	..	..	..	14 „			
Crabs	..	..	..	2,292 „			

SUSPECTED CASES OF FOOD POISONING.

Five suspected cases of Food Poisoning were reported by a doctor on the 19th April, 1933. Enquiries were made and the following information obtained :—

Particulars of Family—

Mr. and Mrs. G. and Children (E. aged 11 years, and K. aged 16 years).

Particulars of meals taken by the family on the 18th April, 1933—

Breakfast. Bread and butter, and tea with milk. (All partook of same foods.)

Midday Fried steak, and fried eggs and bread. No dessert.

Dinner. (All partook of same foods.)

Tea. Pressed cheek of pork, bread and butter, and tea with milk. (Mr. and Mrs. G and E. ate pork, but K. ate bananas with bread and butter, and ate no pork.)

Mr. G. became unwell at about 7 p.m., Mrs. G. at about 8.30 p.m. and E. at about 10 p.m. The three patients complained of the same symptoms, namely, sickness and diarrhoea, severe cramp and muscular pains, pronounced weakness, and of being extremely cold and unable to get warm.

K., who had partaken of the same foods as his sister and parents with the exception of the pressed cheek of pork, remained quite well.

Particulars of second family—

Mr. and Mrs. W., and two children (R. aged 16 years, and F. aged 19 years.)

Particulars of Meals taken by the family on the 18th April, 1933—

Breakfast. Bread and butter, and tea with milk. (All partook of same foods.)

Midday Dinner. Fried potatoes and fried eggs and bread. (All partook of the same foods.)

Tea. Pressed cheek of pork, bread and butter, and tea with milk. (All partook of the same foods with the exception of R. and F. who ate no pork.)

Mr. and Mrs. W. both became unwell at about 9 p.m. with the symptoms already noted for the G. family, but R. and F. remained quite well.

Thus it will be noticed that in the two families only those who ate of the pressed cheek of pork became ill. In neither case was there any of the suspected pork left, it having apparently been too good to the taste to leave. It transpired that the two women had been shopping together and had each bought pressed cheek of pork from the same mould at a provision shop. The firm's premises were visited, and a small portion of unsold pressed cheek of pork secured. This sample was submitted to the City Bacteriologist who failed to isolate any pathogenic organisms. A specimen of faeces and two specimens of blood from Mr. and Mrs. G. also failed to reveal any infective organism. A sample of the pressed cheek of pork was also sent to the City Analyst who reported that he could find no antimony or other metal therein.

Visits were made to the factory at which the suspected food was made, and the “ pressed cheek of pork ” was stated to consist of pigs’ ears and knuckles. Condition of the factory and methods of manufacture were found to be fairly satisfactory, but suspicion fell upon the method of cleaning the wire strainers used in the handling of pork after cooking.

The Manager readily conformed to suggestions that were made to ensure proper cleansing of all utensils.

None of the staff either in the shop or the factory gave any history of recent illness, so that no possible human sources of infection were investigated.

Those who ate the pork became ill within two to five hours, and all recovered within forty-eight hours.

FOOD AND DRUGS ADULTERATION.

Bacteriological examination of food is carried out by the City Bacteriologist at the South Devon and East Cornwall Hospital, and the chemical analysis is done by the City Analyst, Mr. Tickle of Exeter.

The following tables show the sampling done during the year, and the details of prosecutions undertaken :—

ADULTERATIONS, ETC.

It was found necessary to prosecute in 11 cases for offences under the Food and Drugs (Adulteration) Act, 1928. Details are as follows :—

<i>Official Sample.</i>	<i>Extent of Adulteration.</i>	<i>Penalty inflicted.</i>
Raw milk	26% deficient in fat	Fined £2
Raw milk	8% added water	Dismissed on payment of costs, including Analyst’s fee
Raw milk	5% added water	Do.
Brandy	10% added water (41·5 deg. U.P.)	Fined £2.

Raw milk	7% deficient in fat	Dismissed on payment of costs, including Analyst's fee
Raw milk	11% deficient in fat	Do.
Raw milk	5% added water	Fined £1
Skimmed milk	8% added water	Fined £1 and 2s. special costs
Whiskey	6% added water (38.9 deg. U.P.)	Fined £1
Raw milk	12% deficient in fat	Fined 10s.
Raw milk	15% deficient in fat	Fined £2

In 11 cases a warning letter was sent by the Town Clerk.

<i>Articles.</i>	<i>Official.</i>		<i>Informal.</i>		<i>Totals.</i>
	<i>Genuine.</i>	<i>Adulterated.</i>	<i>Genuine.</i>	<i>Adulterated.</i>	
Aspirin Tablets ..	—	—	1	—	1
Baking Powder ..	—	—	3	—	3
Beer ..	—	—	4	—	4
Brandy ..	—	1	6	1	8
Butter ..	10	—	40	—	50
Camphorated Oil ..	—	—	3	—	3
Candied Peel ..	—	—	4	—	4
Castor Oil ..	—	—	3	—	3
Cheese ..	—	—	3	—	3
Chocolate ..	—	—	4	—	4
Cider ..	—	—	2	—	2
Cocoa ..	—	—	3	—	3
Cod Liver Oil ..	—	—	2	—	2
Coffee ..	—	—	2	—	2
Coffee and Chicory ..	—	—	5	—	5
Condensed Milk ..	—	—	3	—	3
Cordials ..	—	—	4	—	4
Cream ..	—	—	36	—	36
Custard Powder ..	—	—	6	—	6
Dried Fruits ..	—	—	7	—	7
Dried Milk ..	—	—	2	—	2
Dripping ..	—	—	6	—	6
Epsom Salts ..	—	—	4	—	4
Flour ..	—	—	3	—	3
Gin ..	—	1	5	1	7
Glycerine ..	—	—	3	—	3
Golden Syrup ..	—	—	1	—	1
Granulated Sugar ..	—	—	1	—	1
Ground Almonds ..	—	—	4	—	4
Honey ..	—	—	3	—	3
Iodine ..	—	—	4	—	4
Jams ..	—	—	13	—	13
Lard ..	—	—	6	—	6
Lemonade Powder ..	—	—	6	—	6
Lemon Curd ..	—	—	4	—	4
Malt Vinegar ..	—	—	7	—	7
Margarine ..	—	—	6	—	6
Marmalade ..	—	—	6	—	6
Meat and Fish Pastes ..	—	—	3	—	3
Mince Beef ..	—	—	3	—	3
Mincemeat ..	—	—	7	—	7
Mustard ..	—	—	2	—	2
Olive Oil ..	—	—	2	—	2
Pepper ..	—	—	4	—	4
Pickles ..	—	—	3	—	3
Pork Brawn ..	—	—	1	—	1
Raw Milk ..	290	17	9	—	316
Rum ..	5	—	5	—	10
Saffron ..	—	—	4	—	4
Sauce ..	—	—	3	—	3
Sausages ..	—	—	10	—	10
Sausage Meat ..	—	—	1	—	1
Self-raising Flour ..	—	—	2	—	2
Shredded Suet ..	—	—	6	—	6
Skimmed Milk ..	11	1	—	—	12
Sterilised Milk ..	—	—	1	—	1
Suet ..	—	—	1	—	1
Sultanas ..	—	—	3	—	3
Tea ..	—	—	4	—	4
Tinned Peas ..	—	—	4	—	4
Vinegar ..	—	1	7	1	9
Whiskey ..	3	1	5	—	9
Wine ..	—	—	1	—	1
TOTAL ..	319	22	316	3	660

ANNUAL SUMMARY 1933.

UN SOUND MEAT DESTROYED DURING THE YEAR 1933.

DISEASE.	CARCASSES.				ORGANS.							
	Beef.	Veal.	Mutton.	Pork.	Lungs.	Hearts.	Livers.	Kidneys.	Heads. Tongues.	Spleens.	Mesen- teries.	Stomachs.
Tuberculosis	199 $\frac{3}{4}$	3	—	—	1,606	1,517	1,044	550	859	606	643	611
Pigs	—	—	—	62	71	71	71	124	3,155	—	—	—
Actinomycosis	—	—	—	—	—	—	—	—	144	—	—	—
Pyæmia	1	3	4	—	32	30	46	4	12	2	2	2
Abscess	—	—	1	—	160	75	207	17	105	1	8	8
Emaciation	94	4	69	11	129	129	129	354	121	97	86	86
Dropsy	142	45	271	54	283	281	288	1,032	408	123	219	170
Pneumonia	—	—	—	—	63	41	—	—	—	—	—	—
Septicæmia	27	10	30	12	62	62	60	136	58	26	23	23
Pericarditis	1	—	1	—	4	4	2	4	2	1	1	1
Pleurisy	—	—	—	3	6	5	3	6	3	3	3	3
Angioma	—	—	—	—	—	—	314	—	—	—	—	—
Foetal Flesh	—	124	1	—	4	4	4	—	4	—	—	—
Decomposition	19	4	26 $\frac{1}{2}$	19	1013	847	976	443	159	9	8	5
Flukes	—	—	—	—	—	—	2,212	—	—	—	—	—
Cirrhosis	—	—	—	—	—	—	5,368	—	—	—	—	—
Necrosis	1	—	—	—	1	1	2	2	2	1	1	1
Inflammation	8	11	12	17	197	136	139	50	48	11	10	10
Red Water	7	—	—	—	53	53	56	100	49	49	46	46
Cysts	—	—	—	—	10	6	29	43	—	—	—	—
Suffocation	—	—	9	—	—	—	—	—	—	—	—	—
Swine Fever	—	—	—	—	—	—	—	—	—	—	—	—

The number of Animals slaughtered in the City for the year was 45,355, made up as follows:—
 Bovines, 12,731, Sheep and Lamb, 29,572, Calves, 740, and Pigs 2,312.

Infectious Diseases

Infectious Diseases

Prevalence of and Control over Infectious Disease.

The accompanying tables show the prevalence of notifiable infectious disease during the year, together with the age and ward distribution and the numbers treated in Hospital.

Scarlet Fever. Scarlet Fever was again very prevalent during the year, 1,094 cases being notified, with only 3 deaths. 728 cases were treated in hospital, or 66.5 per cent. In 1923 the percentage of cases treated in hospital was 89.8. Medical practitioners are being encouraged to treat at home all mild cases of scarlet fever wherever a reasonable degree of isolation can be maintained in the patient's home, unless in the patient's interest hospital treatment is indicated. Until quite recently, the Dockyard Authorities insisted upon their employees, who were living in the house with a home-treated case, staying away from work until the release of the patient from isolation. Fortunately, the Authorities no longer insist upon this, provided that they receive a certificate from the Health Department to the effect that the home conditions permit efficient isolation of the patient.

Diphtheria. The number of cases of Diphtheria notified during the year was 337, as compared with 444 in 1932 and 139 in 1923. The number of deaths from diphtheria was 18. 327 cases were treated in hospital, or 97 per cent. One still finds many occasions when undue importance is attached to swab results. The decision as to whether anti-toxin ought to be administered should be influenced entirely by clinical examination, without waiting for the result of a swab examination. Doubtful cases of Diphtheria, labelled as such, are always admitted to the Infectious Diseases Hospital. With a view to encouraging the early administration of anti-toxin, it might be wise for the local authority to consider the advisability of discontinuing the free examination of swabs for Diphtheria.

The following table shows the attack rates per 1,000 population since 1920 :—

SCARLET FEVER AND DIPHTHERIA.

Attack rates per 1,000 population.

<i>Year.</i>	SCARLET FEVER.		DIPHTHERIA.	
	<i>Cases Notified.</i>	<i>Attack Rate.</i>	<i>Cases Notified.</i>	<i>Attack Rate.</i>
1920 .	432	2.11	471	2.30
1921 .	410	1.94	263	1.24
1922 .	357	1.69	203	0.96
1923 .	332	1.57	154	0.72
1924 .	364	1.76	184	0.89
1925 ..	633	2.99	285	1.35
1926 ..	606	2.87	282	1.33
1927 ..	325	1.54	372	1.76
1928 ..	167	0.79	423	1.99
1929 ..	366	1.71	525	2.46
1930 ..	1077	5.01	629	2.92
1931 ..	700	3.36	367	1.76
1932 .	997	4.78	444	2.13
1933 .	1094	5.30	337	1.63

Influenza. Forty Influenza deaths were registered during the year, as compared with 14 in 1932 and 35 in 1931.

Cerebro-Spinal Fever. Only 3 cases of Cerebro-spinal Fever were notified during the year, with one death. During 1932 there were 6 cases notified and 7 deaths, and in 1931, 9 cases and 6 deaths.

Acute Poliomyelitis. There were 5 acute poliomyelitis notifications in 1933, as compared with one each in 1932 and 1931.

Measles. It was found possible to treat 49 patients suffering from measles in the isolation hospital cubicle wards during the year. Medical practitioners are informed that cases of measles in unsuitable home conditions will be admitted to hospital whenever beds for them are available. There were 14 measles deaths during 1933.

Whooping-cough. Whooping-cough is also treated in the hospital cubicles when possible, and 11 cases were admitted, most of them complicated with Pneumonia.

DIPHThERIA IMMUNISATION.

The following summary shows the extent of the work done in the City during the year 1933.

	<i>First attend-ances.</i>	<i>Com-pleted first Course.</i>	<i>Schick Tests following immunisation during 1933.</i>			
			<i>Total Read.</i>	<i>Nega-tive.</i>	<i>Posi-tive.</i>	<i>% Neg.</i>
At Clinics .	421	455	448	435	13	97.1
At Schools .	538	517	540	471	69	87.2
TOTAL ..	959	972	988	906	82	—

During the year the schemes of Diphtheria Immunisation were continued. As before, the organisation falls under two separate heads :—

1. Children and others immunised at the Maternity and Child Welfare Clinics.

2. Children immunised at School by a visiting Medical Officer.

There has been a slight falling off generally in the number of children presented for inoculation.

Inoculation at M. & C.W. Clinics. Total attendance, 2,273.
 Nine of the 13 positives received further treatment, six being negative after one more, and three after two more injections.

Primary Schicks in age groups : Total, 38. Positive, 22 ; negative, 16.

<i>4-7 yrs.</i>		<i>9 yrs.</i>		<i>10 yrs.</i>		<i>11 yrs.</i>		<i>12 yrs.</i>		<i>13 yrs.</i>		<i>Over 15.</i>	
N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.
3	2	2	5	2	5	1	2	4	5	4	1	—	2

Schick tested at least one year after Diphtheria, 6 ; positive, 2 ; negative, 4. The two positives were successfully immunised.

Inoculation on School Premises. This work is carried out by one of the Medical Officers on the staff of the Public Health Department, and is done by permission of the Education Committee. The parents of children between the ages of 4 and 8 are circularised concerning the advantages of immunisation and the free treatment offered by the Public Health Department.

If parents decide to have their children immunised, they sign a consent form, which is returned to the head teacher. Arrangements are made for the attendance of those parents who wish to attend when their children are immunised. At the present, school preventive treatment is limited to infant schools. Inoculations are usually three in number (carried out at intervals of a fortnight) and followed by a Schick test—three to six months later. Should the Schick test give a positive result (the first course not having effected a satisfactory immunity) a further short course of inoculation is necessary.

In this branch of immunisation work much depends on the enthusiasm and co-operation of the head teachers. The numerical response at the various schools is very varied, and no doubt in some cases could be improved by greater co-operation between the Education and Public Health Authorities. It is proposed to transfer the work of immunisation to the School Medical Officers (with the Public Health Committee still bearing the cost).

The comparatively large number of defaulters (85), i.e. those children who have started the inoculations, but have not completed the course, is noticeable in School Immunisation. Refusals and those leaving continue to account for a small number, but the main causes are to be found in the transferring of children from one school to another and in removals to other towns. Plymouth is essentially a city dependent on the Naval and Military services, and consequently the population contains a large “ floating ” section.

Forty-nine children showing a positive Schick result after the first course of three injections were further inoculated, and forty-seven gave a negative result after second Schick test. Two were still positive, but the parents did not desire further treatment.

Diphtheria Developing During or After Immunisation. Three of the children immunised at schools were later diagnosed to have Diphtheria. In all cases the disease was of an extremely mild nature. One child had not completed the course of inoculations, and of the other two—one was diagnosed by a positive swab from the throat, but showed no signs of clinical Diphtheria. The other was a mild case and was discharged from hospital after a short stay.

Of the children immunised at the Maternity and Child Welfare Clinics in previous years, four were admitted to the Swilly Isolation Hospital during the year, as cases of Diphtheria. Three were diagnosed by Dr. Hynes as tonsillitis, and one as a very mild clinical Diphtheria. Another child, immunised in 1931, was reported by his doctor to have mild clinical Diphtheria.

VACCINATION.

The following table gives details of vaccinations carried out during the past two years :—

<i>Year.</i>	<i>Births.</i>	<i>Primary vaccinations.</i>	<i>Percentage of of Children vaccinated.</i>	<i>Re- vaccinated.</i>
1932 ..	3326	1403	42.2	20
1933 .	3232	1325	41.0	17

INFECTIOUS DISEASES HOSPITAL.

REPORT OF THE RESIDENT MEDICAL OFFICER.

Scarlet Fever. Of the 1,094 cases notified from the City, 728 were treated in hospital, or 66.5 per cent. Of this number, 6 were re-admitted for treatment, and in addition to these cases 33 were admitted from districts outside the City, as follows :—

Plympton	27	<i>Corrected diagnosis.</i>	
Crownhill (Military)	1	Measles	1
Torpoint	2	Tonsillitis and Strep-	
Liskeard	1	tococcal infection	1
Fowey	1		
Polperro	1		

making a total of 761 cases of Scarlet Fever treated.

Return Cases. These numbered 32, the rate being 4.5 per cent. The incidence of Scarlet Fever has again been higher than usual, taxing the hospital accommodation to the utmost. On the whole, however, most of the cases were of a fairly mild type.

Corrected Diagnosis.

Influenza	..	..	..	1
Erythema	..	..	..	5
Tonsillitis	..	..	..	6
Measles	..	..	..	5
Dentition	..	..	..	1
Rhinitis	..	..	..	1
Ulcerative Endocarditis			..	1

Deaths from Scarlet Fever. There were 4 deaths from *Scarlet Fever* (2 of them being out-City cases). One, a very virulent case, died of toxæmia eight hours after admission, and 3 died of septic complications.

Average stay in hospital. The average length of stay of Scarlet Fever patients was 37.4 days.

Diphtheria. Of the 337 cases notified, 327 were treated in hospital.

Outside Cases.

Plympton	..	..	90	<i>Corrected diagnosis.</i>
Ivybridge	..	..	1	Tonsillitis 5
Saltash	.	..	1	Scarlet Fever .. 2
Delabole	..	..	1	Laryngitis 1

making a total of 420 patients treated for Diphtheria.

Deaths. Many of the cases were of a very severe type. There were 22 deaths—6 of them cases from outside Plymouth, leaving 16 Plymouth deaths. It is satisfactory to note that this year fewer cases were admitted from the City in an advanced stage of the disease.

The earlier the patient receives treatment the lower the mortality. If an adequate dose of anti-toxin is given on the first day, the mortality is nil.

With reference to the 22 patients who died, excluding the laryngeal cases and one patient who was admitted dying of post-diphtheritic pharyngeal paralysis (the result of diphtheria six weeks before she was admitted to hospital), the average date of admission was 4.6 days after the commencement of illness. The average mortality when treatment is delayed until the 4th day is 10.6 per cent.

Laryngeal Symptoms. Eighteen cases were admitted with laryngeal symptoms, 9 proved to be suffering from other forms of laryngitis than diphtheria and 9 proved to be diphtheria. Seven cases required tracheotomy; one was admitted after tracheotomy had been performed, and this patient died. Of the 7 operated on in hospital, 4 recovered, 3 died—two a few hours after operation—the third, a child with severe pharyngeal and nasal diphtheria thirty days after operation, from diphtheritic paralysis, with a completely healed tracheotomy wound, so cannot justly be included as a death from laryngeal diphtheria.

Altered diagnosis. Diagnosis was altered in ninety cases, most of them were diagnosed tonsillitis. This requires a word of explanation. It is often impossible to say whether a case is Diphtheria or not, without having it under observation for some time. Delay during observation is dangerous and may be fatal, so these cases are quite rightly sent to hospital.

Every case admitted to the diphtheria wards is treated as a case of Diphtheria and at once given an adequate dose of anti-toxin. The diagnosis is modified afterwards, if necessary :—

- (1) If a patient shows definite *clinical* evidence of Diphtheria, the diagnosis is Diphtheria, whether swabs previously or subsequently examined are reported “ positive ” or “ negative ”.
- (2) If clinical evidence of Diphtheria is absent or doubtful, and no clinical signs of Diphtheria develop later, and all swabs taken in hospital (a minimum of three nasal and three throat swabs) are “ negative ”—the diagnosis is *not Diphtheria*, provided anti-toxin has not been administered before admission.

- (3) If clinical evidence of Diphtheria is absent (no anti-toxin having been given before admission) a note to the effect is sent to the pathologist with the swabs. If any swab returns "positive" the diagnosis of *Diphtheria* stands.

If all swabs return "negative" the diagnosis is *not Diphtheria* unless clinical signs develop during the period of observation.

The main points are these :—

- (1) Every case admitted to the Diphtheria ward is treated as Diphtheria, until the diagnosis of Diphtheria is proved or disproved.
- (2) The diagnosis of Diphtheria is not changed unless persistent and often prolonged clinical and pathological observation has given a negative result.

Other Cases. Now that we have cubicles at the hospital—more of them would be useful—it is possible to admit a limited number of severe cases of other infectious diseases, such as Measles or Whooping-cough (complicated with Pneumonia, Erysipelas, Encephalitis, etc).

During 1933 eighty-one such cases were admitted, viz. :—

					<i>Deaths.</i>
Measles (severe or with pneumonia)	..	49			4
Whooping-cough (severe or with pneumonia)	..	11			4
(Three from outside the City)					
Erysipelas	..	10			1
Chicken-pox (generally from other hospitals or institutions)	..	5			—
Encephalitis Lethargica	..	1			1
Enteric Fever	..	1			1
Cerebro-spinal Meningitis	..	1			—
Septicæmia (after burns)	..	1			1
Streptococcal Septicæmia	..	1			1
Enteritis (Port Sanitary case for diagnosis)	..	1			—

The cubicles are also used for observation of cases where the diagnosis is doubtful and for cases of mixed infection, e.g., measles with chicken-pox or scarlet fever with whooping-cough.

It is interesting to compare the numbers of notifications and the numbers treated in hospital, with those of past years.

The following table compares 1933, 1932, 1928 (five years ago), 1923 (ten years ago) :—

Year.	SCARLET FEVER.			DIPHThERIA.			Other diseases treated in hospital.
	Notifi-cations.	Treated in hospital.		Notifi-cations.	Treated in hospital.		
		Total.	%		Total.	%	
1923 ..	332	298	89.8	154	139	90.3	22
1928 ..	167	136	81.5	423	391	92.4	7
1932 .	997	768	77.0	444	428	96.4	54
1933 ..	1094	728	66.5	337	327	97.0	81

This table shows that :—

- (1) there has been a great increase in the incidence of Scarlet Fever during the last two years. (This has been general throughout the country).
- (2) Since the provision of cubicles it has been possible to treat a considerable number of cases of other infectious disease.

DEATHS FROM DIPHTHERIA, SCARLET FEVER, MEASLES AND WHOOPING COUGH
IN THE PERIOD 1920—1933.

SHOWING DEATH RATE PER 1,000 ESTIMATED POPULATION.

Year.	Population.	DIPHTHERIA.		SCARLET FEVER.		MEASLES.		WHOOPING-COUGH.	
		No. of deaths.	Death rate per 1,000 population	No. of deaths.	Death rate per 1,000 population	No. of deaths.	Death rate per 1,000 population	No. of deaths.	Death rate per 1,000 population
1920	189,218	37	0.19	1	0.005	35	0.18	33	0.17
1921	199,860	13	0.06	5	0.02	3	0.01	11	0.05
1922	200,370	15	0.07	3	0.01	46	0.22	21	0.10
1923	211,500	11	0.05	1	0.004	6	0.028	8	0.037
1924	206,600	22	0.10	1	0.004	26	0.09	31	0.15
1925	211,078	8	0.03	3	0.01	3	0.01	15	0.07
1926	211,350	34	0.16	2	0.009	19	0.09	14	0.06
1927	211,650	23	0.10	4	0.01	1	0.004	13	0.06
1928	211,980	32	0.15	2	0.009	78	0.36	5	0.02
1929	213,500	26	0.12	4	0.01	4	0.01	23	0.10
1930	215,000	21	0.09	6	0.02	29	0.13	4	0.01
1931	208,166	17	0.08	3	0.01	3	0.01	11	0.05
1932	208,440	20	0.09	10	0.04	6	0.02	16	0.07
1933	206,200	18	0.08	3	0.01	14	0.06	14	0.06

INFECTIOUS DISEASES NOTIFIED, 1933.

AGE GROUPS.

Diseases.	0-1 years.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	15-20 years.	20-35 years.	35-45 years.	45-65 years.	65 years up.	Totals.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Admitted to Swilly Hospital.	Isolated at Home.	Removed to Other Institutions.	Treated in Nursing Homes.	Naval Cases.	Military Cases.	Air Force.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	5	21	48	87	63	471	235	53	80	18	12	1	1094	264	252	244	334	728	266	—	—	—	—	—
Diphtheria	4	12	18	24	32	144	62	11	23	5	2	—	337	119	84	63	71	327	10	—	—	5	2	—
Enteric Fever	—	—	—	—	—	—	1	—	1	1	—	—	3	1	—	1	1	1	2	—	—	—	3	1
Pneumonia	15	17	5	12	12	19	4	9	33	34	37	13	210	128	27	11	44	3	113	94	3	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	1	20	5	—	—	26	2	13	6	5	—	2	23	1	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	3	17	5	—	—	25	10	7	2	6	—	10	14	1	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	3	—	—	—	—	—	—	3	2	1	—	—	1	—	2	—	—	—	—
Acute Polio-myelitis	—	1	—	1	—	2	—	—	1	—	—	—	5	—	2	2	1	—	—	4	1	—	—	—
Acute Polio-encephalitis	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	1	1	—	—	—	—	—
Malaria (Contracted Abroad)	—	—	—	—	—	—	—	—	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	35	—	—	—	—	—	—	—	—	—	—	—	35	10	13	5	7	*	*	*	*	*	*	*
Erysipelas	2	1	—	—	1	1	2	2	13	10	22	11	65	11	10	13	31	10	37	18	—	—	—	—
Tuberculosis—Pulmonary	—	2	—	—	—	7	9	29	113	41	46	6	253	71	70	63	49	*	*	*	*	*	*	*
Non-Pulmonary	—	3	2	1	3	10	8	6	13	5	6	1	58	17	13	13	15	*	*	*	*	*	*	*
Summer Diarrhoea	8	2	—	—	—	—	—	—	—	—	—	—	10	4	4	2	—	—	8	2	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—
Totals	69	59	73	125	111	657	321	114	316	125	128	32	2130	644	497	425	564	—	—	—	—	—	—	—

* See separate Table.

INFECTIOUS DISEASES NOTIFIED.

WARD DISTRIBUTION. 1933.

Disease.	Totals.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's.	St. Peter's.	Valletort.	Mount Edgumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Plymouth.	Devonport.	Stonehouse.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1094	32	33	182	62	77	26	20	35	38	22	45	38	57	122	27	98	47	44	50	39	494	538	62
Diphtheria	337	4	5	12	13	23	15	12	23	9	12	20	10	11	26	11	27	31	24	39	10	153	167	12
Enteric Fever	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—
Pneumonia	210	8	3	22	7	10	5	6	20	5	2	10	8	10	9	4	8	12	19	39	3	93	106	11
Puerperal Fever	26	—	—	2	—	7	—	—	2	—	—	3	—	5	2	—	2	3	—	—	—	13	8	5
Puerperal Pyrexia	25	—	1	1	—	5	—	—	1	—	2	—	—	3	—	—	—	3	1	8	—	10	13	2
Cerebro-Spinal Fever	3	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—
Acute Poliomyelitis	5	—	—	—	1	1	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	3	—	2
Acute Polio-encephalitis	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Encephalitis Lethargica	2	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Malaria (Contracted Abroad)	2	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—
Ophthalmia Neonatorum	35	—	—	1	—	4	1	—	—	1	1	6	1	7	—	—	1	5	—	7	—	13	15	7
Erysipelas	65	4	2	4	4	9	3	1	4	4	1	5	4	5	6	1	2	2	3	1	—	41	18	6
Tuberculosis—Pulmonary	253	9	12	7	20	10	10	14	14	23	12	13	15	13	13	4	7	19	15	17	6	151	79	23
Non-Pulmonary	58	3	2	5	4	5	2	2	1	6	1	3	2	4	2	1	3	3	2	6	1	35	19	4
Summer Diarrhoea	10	—	—	1	—	—	—	—	—	1	—	—	1	—	2	—	—	2	—	2	1	3	7	—
Dysentery	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
Totals	2,130	60	59	239	112	152	62	57	101	87	54	105	80	117	132	49	148	127	103	171	60	1,021	975	134
Attack rate per 1,000 population	10.2	7.9	7.0	18.0	9.6	14.0	5.7	6.1	8.9	9.0	7.0	9.0	9.1	11.7	12.9	8.1	15.1	11.5	7.6	11.4	8.8	9.3	11.5	10.0

Venereal Diseases

Venereal Diseases

REPORT OF THE MEDICAL OFFICER IN CHARGE OF THE CENTRE.

The number of New Cases treated annually now remains fairly stationary. Comparing the numbers of those treated ten years and five years ago, and in 1932 and 1933, the following are the figures shown :—

Year.	Total New Cases.	Syphilis.	Gonorrhœa.	Chancroid.	Non- Venereal.
1923 ..	855	223	262	14	356
1928 ..	952	214	311	3	424
1932 ..	791	161	317	11	302
1933	813	176	342	2	293

There is a definite reduction in the number of cases treated this year compared with those in 1923 and 1928, and a slight increase since last year. It is doubtful whether we can expect much more permanent diminution in the incidence of these diseases.

Gonorrhœa is such a chronic disease, especially in women, and often causes so little inconvenience to the patient that many cases will always remain untreated, and therefore liable to infect others.

In the case of Syphilis, the *infectious syphilitic* patient generally becomes so ill that he or she has to come under treatment sooner or later, but unless the treatment starts at once, and is effectually completed, others are liable to be infected.

A case which occurred during the year demonstrated this, and incidentally accounts for the higher Syphilitic rate for the year :—

A woman, a prostitute, was sent to the Clinic and admitted to Hospital suffering from a Syphilitic rash. She had had this rash for several months. We succeeded in tracing definitely the infection of twelve men suffering from Syphilis to this patient, two of the men had infected their wives before coming to the Clinic for treatment. How many other infections have arisen, directly or may arise indirectly from this one case is impossible to discover.

Treatment and Attendance.

These are the figures showing comparisons for the same years :—

Year.		Total Attendances.	Injections Given (for Syphilis).	Laboratory Examinations.
1923	..	12691	1131	1513
1928	..	16249	1008	1659
1932	..	19566	2891	1986
1933	..	20351	4032	2080

It will be noticed that the numbers have steadily increased. There are two reasons for this :—

- (1) We are giving patients more drastic and more prolonged treatment.
- (2) Patients are attending more regularly.

The results of treatment have improved accordingly.

In-Patient Treatment.

Year.		Total Patients Admitted.	Total Number of In-Patient Days.	Average Days per Patient.
1923	..	57	1821	31.9
1928	..	45	1858	41.3
1932	..	61	2400	39.3
1933	..	66	2193	33.3

Tuberculosis

Tuberculosis

REPORT OF THE TUBERCULOSIS OFFICER.

Notifications. 368 notifications were received during the year, of which 57 were duplicated, so that the number of new notified cases was 311. Of this number, 253 (144 males and 109 females) were certified to be suffering from Pulmonary Tuberculosis, and 58 (31 males and 27 females) from Non-Pulmonary Tuberculosis.

The details of these notifications are as follows :—

PRIMARY NOTIFICATIONS.

<i>Age Periods.</i>	<i>0 to 1</i>	<i>1 to 5</i>	<i>5 to 10</i>	<i>10 to 15</i>	<i>15 to 20</i>	<i>20 to 25</i>	<i>25 to 35</i>	<i>35 to 45</i>	<i>45 to 55</i>	<i>55 to 65</i>	<i>65 & up- wards</i>	<i>To- tal.</i>	Total Noti- fications (including Duplicates)
Pulmonary—Males	—	1	5	3	19	23	38	22	18	11	4	144	169
Females	—	1	2	6	10	20	32	19	10	7	2	109	130
Non-pulmonary—Males ...	—	5	7	5	3	1	4	5	—	1	—	31	37
Females	—	4	3	3	3	2	6	—	5	—	1	27	32
TOTALS ...	—	11	17	17	35	46	80	46	33	19	7	311	368

Of the new notifications during 1933, 137 were diagnosed at the Tuberculosis Dispensary before notification, 21 invalided from H.M. Army and Navy, and 20 notified from general hospitals in the City.

An analysis of 194 normal adult civilian cases permanently residing in the City (that is, the newly notified pulmonary cases, less children, naval and military and hospital cases) shews that at the completion of their clinical examination at the Dispensaries they were classed as follows :—

P —	92
P + I	28
P + II	51
P + III	23

In a large number of cases, therefore, it is obvious that a serious delay has occurred between the time that the patient first became ill and when public medical treatment commenced. It is generally acknowledged that Tuberculosis, if treated in its early stage, can be “ arrested ” in a big percentage of cases, and with the acceptance of this view even greater co-operation between the family doctor and the public health department is necessary effectively to deal with this disease. 159 of these cases accepted institutional treatment.

The numbers on the Notification Register at the end of the year were :—

PULMONARY.			NON-PULMONARY.			TOTAL
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	CASES.
662	549	1211	149	184	333	1544

Deaths. There were 178 deaths from Tuberculosis during the year, 163 being attributed to Pulmonary Tuberculosis and 15 to non-Pulmonary Tuberculosis.

The accompanying table shews the number of primary notifications of Tuberculosis and deaths from that disease, with the rate per 1000 of the population, since the year 1920.

<i>Year.</i>	NOTIFICATIONS.				DEATHS.			
	<i>Pul.</i>	<i>Non-Pul.</i>	<i>Total.</i>	<i>Rate per 1000 Pop.</i>	<i>Pul.</i>	<i>Non-Pul.</i>	<i>Total.</i>	<i>Rate per 1000 Pop.</i>
1920 ..	189	40	229	1.21	195	46	241	1.27
1921 .	370	117	487	2.44	208	42	250	1.25
1922 ..	395	92	487	2.43	218	48	266	1.35
1923 .	346	119	465	2.19	202	44	246	1.16
1924 .	294	92	386	1.86	209	43	252	1.22
1925 .	389	103	492	2.33	179	44	223	1.05
1926 .	443	116	559	2.64	177	34	211	0.99
1927 .	358	115	473	2.23	182	31	213	1.00
1928 .	325	111	436	2.05	159	32	191	0.90
1929 ..	300	78	378	1.77	166	24	190	0.88
1930 ..	252	76	328	1.52	167	33	200	0.93
1931 ..	320	62	382	1.83	157	38	195	0.93
1932 .	273	70	343	1.64	162	31	193	0.92
1933 .	253	58	311	1.50	163	15	178	0.86

The year 1933 gives the lowest number of new notifications and deaths in the table, and the decline in these numbers is appreciable.

Forty of the pulmonary cases who were notified during 1933 died in the same year, and of these :

14 were working up to the time they were first seen at the Dispensary.

3 had been off work for one week.

1 do. do. two weeks.

1 do. do. four weeks.

2 do. do. eight weeks.

7 do. do. a greater period than eight weeks.

12 were unemployed.

Twenty-eight of them had positive sputa and were found to be in an intermediate or advanced stage of the disease, and the period between the receipt of the notification and deaths was :—

Less than one month	..	..	9
do. two months	..	..	12
do. three months	..	..	5
do. four months	..	..	4
do. five months	..	..	3
do. six months	..	..	7

In considering the notifications and deaths from Tuberculosis conjointly one gets a fair idea of the progress that is being made.

The figures for the year 1933 are undoubtedly the most promising and reassuring that ever have been recorded from Plymouth. There are several factors, each of which has helped to produce these results :—

- (a) Better understanding and closer co-operation between general practitioners and the Tuberculosis Dispensary.
- (b) The diagnosis of many cases of Tuberculosis earlier and the prompt treatment of all such cases.
- (c) The isolation of all intermediate and advanced cases and institutional treatment for all cases where the home conditions are unsatisfactory.
- (d) The examination of all contacts. This is undoubtedly of paramount importance, and every effort is being maintained to persuade all contacts to be examined.
- (e) Better housing conditions. Most authorities are cognisant of the fact that slum areas are hot beds of infection, and there is an intensive campaign for the demolition of slum areas.

In Plymouth we have been very fortunate in obtaining council houses for a number of our tuberculous patients where the home conditions formerly were most unsatisfactory.

I should like to take this opportunity of thanking the City Housing and Estates Manager for his co-operation.

- (f) The public demand for purer milk supply. There has also been a bigger demand by the public for “ Grade A, Tuberculin Tested ” milk and for “ Certified ” milk, and this fact plays an important part in the diminution in numbers of children who have been notified and died from non-pulmonary Tuberculosis.

Dispensary. *New Cases.* A larger number of cases was referred to the Tuberculosis Officer during 1933 than in any former year. This instance of the co-operation between the general practitioner and the Department is praiseworthy.

The following table shews the number of cases referred to the Tuberculosis Officer each year, since 1925, and the total examinations of contacts for the same period, together with the result of the clinical examination :—

Year.	NEW CASES.				CONTACTS.			
	Total examined.	Definitely Tuber.	Non-Tuber.	Diagnosis not completed.	Total examined.	Definitely Tuber.	Non-Tuber.	Diagnosis not completed.
1925	351	283	58	10	815	46	746	23
1926	489	320	75	94	827	31	759	37
1927	506	275	127	104	879	30	802	47
1928	552	280	182	90	803	25	736	42
1929	662	315	223	124	821	16	752	53
1930	662	268	201	193	841	8	781	52
1931	762	303	401	58	767	21	695	51
1932	770	288	402	80	844	10	792	42
1933	860	276	521	63	713	6	654	53

Attendances. The attendances of patients to the dispensaries during 1933 numbered 12,635.

Since 1922 the attendances have been as follows :—

1922	..	..	..	5538
1923	..	..	..	8731
1924	..	..	..	7150
1925	..	..	..	8462
1926	..	..	..	10289
1927	..	..	..	12003
1928	..	..	..	11862
1929	..	..	..	13931
1930	..	..	..	14093
1931	..	..	..	13490
1932	..	..	..	13246
1933	..	..	..	12635

Evening Session. This session, held regularly throughout the year for the convenience of patients who are at work during the day, is of the greatest help.

Domiciliary Visiting. *Tuberculosis Officer.* The Tuberculosis Officer paid 489 domiciliary visits to patients during the year.

Nurses and Health Visitors. The Nurses and Health Visitors paid 7,950 visits to patients in their homes during the year.

Consultations. The Tuberculosis Officer held the following consultations during the year :—

Personal	..	..	..	168
Other than personal (T. 145)			..	552

Special forms of Treatment. The following special forms of treatment were given by the Tuberculosis Officer at the Dispensaries during the year :—

Artificial Pneumo-thorax refills	..	240
<i>(in 1923 the number of refills was 20)</i>		
Injections of Tuberculin	..	421

Laryngological Clinic. The Laryngologist, attached to the Tuberculosis Department and holding one session per week at the main Tuberculosis Dispensary, gave treatment to 238 patients.

This figure compares with 199 last year, 292 in 1930, and 238 in 1928.

X-Ray. An X-ray apparatus was installed at the Dispensary in December, 1928, and the accompanying table shews the number of examinations made by X-ray since then :—

1929	..	..	..	1757
1930	..	..	..	1942
1931	..	..	..	2109
1932	..	..	..	2543
1933	..	..	..	2792

Up to the year 1928 X-ray examinations were made by local private radiologists (on payment of fees per examination).

The figures since 1929 include screenings and skiagrams.

Bacteriological Work. This continues to be performed at the South Devon and East Cornwall Hospital, and the following is the detail of the examinations of specimens of sputa, etc., made for the Tuberculosis Dispensaries since 1925 :—

1925	..	..	..	1335
1926	..	..	..	1606
1927	..	..	..	1607
1928	..	..	..	1684
1929	..	..	..	1458
1930	..	..	..	1424
1931	..	..	..	1537
1932	..	..	..	1150
1933	..	..	..	1011

At the end of the year the following patients were on the “live” Dispensary Register :—

		ADULTS.		CHILDREN.		TOTALS.
		Males.	Females.	Males.	Females.	
Pulmonary	.	421	344	93	76	934
Non-Pulmonary	.	48	64	55	36	203
TOTALS	.	469	408	148	112	1137
		877		260		

The trades or occupations of the 877 adult patients on their first attendance at the Dispensary was as shewn in the accompanying table :—

H.M. Army	...	...	23	Mechanics	...	...	...	2
Royal Air Force	...	...	4	Machinists	...	...	...	8
Bakers	...	...	7	Merchant Service	...	...	...	5
Bootmakers	...	...	3	Motor Trade	...	...	...	11
Bricklayers	...	...	4	Miscellaneous	...	...	...	56
Butchers	...	...	4	H.M. Navy—				
City Corporation—				Stokers and Petty Officers	...	...	...	22
Education Department	...	...	1	Engine Room Artificers	...	...	...	11
Electricity Department	...	...	1	Shipwrights	...	...	...	3
Gas Department	...	...	—	Able Seamen	...	...	...	15
Public Health Department	...	...	1	Others	...	...	...	20
Tramways Department	...	...	2	No occupation	...	...	...	62
Town Clerk's Department	...	...	1	Nursing	...	...	...	8
Water Department	...	...	1	Painters	...	...	...	4
Surveyor's Department	...	...	5	Post Office	...	...	...	6
Clerical	...	...	40	Plumbers	...	...	...	3
Carpenters and Joiners	...	...	7	Police	...	...	...	4
H.M. Dockyard—				Porters	...	...	...	3
Clerical	...	...	3	Printing Trade	...	...	...	9
Trades	...	...	23	Railway Workers	...	...	...	5
Labourers	...	...	13	Scholars	...	...	...	9
Others	...	...	8	Stonemasons	...	...	...	1
Dressmakers and Milliners	...	...	6	Shop Assistants—				
Drillers	...	...	—	Managers and Manageresses	...	...	...	9
Engineers	...	...	2	Dairy	...	...	...	3
Electrical	...	...	9	Bakery and Confectionery	...	...	...	3
Errand Boys and Girls	...	...	6	Other Foods	...	...	...	15
Fitters	...	...	2	Drapery, etc.	...	...	...	6
Farm Hands	...	...	2	Others	...	...	...	23
Hairdressers	...	...	5	Teachers	...	...	...	4
Hawkers	...	...	6	Tailors and Tailoresses	...	...	...	15
Housework and Domestics	...	...	267	Upholsterers	...	...	...	2
Hotel Workers	...	...	13	Unemployed	...	...	...	15
Insurance Agents	...	...	4	Waiters and Waitresses	...	...	...	7
Labourers	...	...	31	Warehousemen	...	...	...	4
								TOTAL ... 877

Institutional Treatment. Tuberculous patients are admitted to Mount Gold Tuberculosis and Orthopædic Hospital, Plymouth, Didworthy Sanatorium, South Brent, and the City (General) Hospital, Plymouth, the reports of the medical officers of which appear in the report. In addition we have a few patients at the Papworth Village Settlement.

The immediate results of institutional treatment is shewn in the accompanying table :—

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS
DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1933.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.																Grand Totals.
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent ..	2	3	2	1	3	2	10	10	3	5	6	4	18	22	11	51	
	Class T.B. plus. Group 1.	Not quiescent ..	9	13	3	9	6	2	4	6	2	3	1	—	25	26	7	58	
		Died in Institution ..	10	11	1	6	1	1	3	1	—	—	—	—	19	13	2	34	
		Quiescent ..	—	—	—	1	—	—	1	3	—	3	—	—	5	3	—	8	
	Class T.B. plus. Group 2.	Not quiescent ..	2	—	—	3	2	—	2	—	1	1	1	—	8	3	1	12	
		Died in Institution ..	1	1	—	1	—	—	—	—	—	—	—	—	2	1	—	3	
		Quiescent ..	—	—	—	2	1	—	2	—	—	—	—	—	4	1	—	5	
	Class T.B. plus. Group 3.	Not quiescent ..	13	5	—	9	5	—	2	8	—	5	3	—	29	21	—	50	
		Died in Institution ..	9	3	—	4	—	—	2	2	—	—	1	—	15	6	—	21	
		Quiescent ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
		TOTALS (pulmonary)	61	44	6	40	21	5	28	32	7	17	13	4	146	110	22	278	
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent ..	1	—	3	—	1	2	1	2	1	—	1	—	2	4	6	12	
	Abdominal.	Not quiescent ..	3	9	3	2	2	—	2	3	2	1	—	4	8	14	9	31	
		Died in Institution ..	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
		Quiescent ..	—	—	—	—	1	1	—	—	—	—	—	3	—	1	4	5	
	Other Organs.	Not quiescent ..	—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	2	
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Quiescent ..	—	—	—	1	—	—	—	—	—	1	—	—	1	—	1	2	
	Peripheral Glands.	Not quiescent ..	2	2	—	—	—	—	—	—	—	—	—	—	2	2	—	4	
		Died in Institution ..	1	—	3	—	—	—	—	—	—	—	—	—	1	—	3	4	
		Quiescent ..	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	2	
		TOTALS (non-pulmonary)	7	16	15	3	6	4	3	5	5	2	1	7	28	31	74		

For the diagnosis of those patients which can best be done in an Institution, advantage is taken of the accommodation available at the City Hospital.

The extent to which “ observation ” beds were used during 1933 is as shewn hereunder :—

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	—	—	—	—	1	1	—	—	1	—	—	1	—	1	3
Non-tuberculous	—	—	—	1	—	1	1	—	1	—	—	1	2	—	3
Doubtful	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
TOTALS	—	—	—	1	1	2	1	—	3	—	—	2	2	1	7

The extent of residential treatment and observation during the year is as follows :—

	<i>In Institu- tions on Jan. 1st.</i>	<i>Admitted during the year.</i>	<i>Discharged during the year.</i>	<i>Died in the Institu- tions.</i>	<i>In Institu- tions on Dec. 31st.</i>
	—	2	2	—	—
Adult males . .					
Adult females	1	2	1	—	2
Children . .	1	11	7	—	5
Total .	2	15	10	—	7
	76	176	111	51	90
Adult males .					
Adult females	77	120	108	30	59
Children .	32	56	47	5	36
Total . .	185	352	266	86	185
GRAND TOTAL	187	367	276	86	192

}
 Number of doubtfully
 tuberculous cases ad-
 mitted for observation

}
 Number of definitely
 tuberculous patients
 admitted for treat-
 ment

Voluntary Committees. *Tuberculosis Care and After-Care Committee.* This Committee, working under the ægis of the Public Health Committee, with the Medical Officer of Health and myself as honorary medical advisers, the City Treasurer the Hon. Treasurer, the Chief Clerk of the Public Health Department the Hon. Secretary, and some thirty voluntary workers, continues to do good service to the needy tuberculous.

Its activities, divided between sub-committees dealing with ways, means, and propaganda, assistance and employment and training, are very real. During the year, 224 tuberculous patients were assisted with clothes, food, bedding, home-helps, surgical appliances, travelling expenses, etc.

The Committee is now affiliated with the National Association for the Prevention of Tuberculosis.

Council of Social Services. The co-operation with this Committee is very helpful.

Devon and Cornwall Ex-Service Colony. The number of resident trainees at this Colony is 12, and with their wives and children there are 107 people living at Efford.

In addition, 4 tuberculous non-resident trainees travel to and from the Colony daily, the Care Committee paying the travelling expenses of two of them, and in one case for the midday meal.

The Board of Management are faced with a serious financial problem on account of the falling off of sales. The general public can render material assistance by the purchase of such household articles as kitchen tables, step-ladders, lockers, ironing-boards, clothes-horses, folding chairs, or of garden seats, or even bungalows, all of which are made under trained supervision, in an excellent fashion.

The health of the resident trainees remains satisfactory, and in no case has Tuberculosis been found in their wives or children, all of whom are benefiting from their residence in the healthy surroundings which the Colony affords.

DENTAL CLINIC

REPORT OF DENTAL SURGEON

The Dental Clinic at Beaumont House was first opened in June, 1930.

It was originally intended for the treatment of Tuberculosis and Maternity and Child Welfare patients, but by degrees the original framework of the scheme has been filled in and patients are now recommended for and receive treatment from the Tuberculosis, Maternity and Child Welfare Sub-Departments, the Public Assistance and Mental Deficiency Committees, and regular sessions for treatment are held at the City Hospital, Mount Gold Hospital (Pulmonary and Orthopædic Wards) and Didworthy Sanatorium, for patients who are unable to attend the Dispensary.

The Tuberculous patients and the children under school age are invited to attend for re-inspection at the end of twelve months, and it has been very gratifying to find that many of these require little or no further treatment, thus showing our methods are satisfactory.

In 1931, the first complete year, 615 new patients were given treatment ; this increased to 815 in 1932, and 827 in 1933.

From the accompanying Table it will be seen that there has been a general increase in the operations performed.

The largest increase is shown in the number of general anæsthetics. This is attributable to the larger number of " difficult extractions " that have presented themselves.

EXTENT OF DENTAL TREATMENT.

Department.	Year.	New Patients.	Attendants.	Extractions.		Anaesthetics.			Fillings.	Scalings.	Dentures.	Repairs.	Other Operations.
				Perma- nent.	Tempo- rary.	Local.	Simple.	General.					
Tuberculosis .. {	1932	172	973	347	10	127	17	6	333	80	63	20	216
	1933	158	917	463	5	129	25	7	234	53	61	16	189
Maternity and Child Welfare {	1932	412	1270	1437	547	192	118	96	182	44	99	8	252
	1933	417	1356	1459	551	158	183	71	187	50	109	7	260
City Hospital .. {	1932	157	168	681	12	69	35	23	13	20	1	—	1
	1933	146	157	645	—	68	52	13	7	12	—	2	2
Public Assistance {	1932	74	236	473	6	52	21	17	5	11	31	9	69
	1933	95	251	477	3	57	47	8	4	7	29	5	71

VISITS TO INSTITUTIONS.		1932	1933
Didworthy ..	..	25	23
Udal Torre ..	..	7	—
Mount Gold ..	..	8	26
City Hospital ..	..	47	47

DIDWORTHY SANATORIUM.

REPORT OF THE RESIDENT MEDICAL OFFICER.

Beds available, 100—50 for men, 30 for women, 10 for boys, and 10 for girls.

Admissions. The total number of admissions for the year was 92. 44 men, 26 women, 13 boys and 9 girls, of whom 90 were sent by the City of Plymouth and 2 were sent by the County of Cornwall.

		<i>Men.</i>	<i>Women.</i>	<i>Boys.</i>	<i>Girls.</i>	
T.B. — cases	..	17	14	9	5	48.9%
T.B. + I cases	..	18	6	1	—	27.17%
T.B. + II cases	..	9	5	—	—	15.22%
Non-Pulmonary cases	..	—	—	2	1	3.3%
Observation cases	..	—	1	1	3	5.4%

Discharges. The total number of discharges for the year was 99. 43 men, 31 women, 13 boys and 12 girls, of whom 98 were City of Plymouth cases, and 1, a woman, was a Devon County case :—

			<i>Men.</i>	<i>Women.</i>	<i>Boys.</i>	<i>Girls.</i>
T.B. —	{	Quiescent	16	12	7	5
	{	Very much improved	3	6	2	1
	{	Not improved ..	—	—	—	—
T.B. + I	{	Quiescent	1	4	—	—
	{	Very much improved	5	1	—	1
	{	Not improved ..	1	—	—	—
T.B. + II	{	Quiescent	4	2	—	—
	{	Very much improved	5	5	—	—
	{	Not improved ..	2	—	—	—
T.B. + III	{	Quiescent	—	—	—	—
	{	Very much improved	—	—	—	—
	{	Not improved ..	3	—	—	—
Non-Pulmonary	{	Quiescent	—	—	1	4
	{	Improved	1	—	3	—
Observation	..	.. ..	—	1	—	1
Deaths	..	.. ..	2	—	—	—

Summarising this, we get the following :—

- 51.5% cases discharged Quiescent.
- 29.3% cases discharged “ Very Much Improved.”
- 6.06% cases discharged “ Not improved.”
- 9.09% cases discharged “ Observation ” (Non-Tuberculous).
- 2.002% “ Death.”

Bed Occupation. An average struck over the whole year shows th occupation to have been 83.6. The average length of stay of cases discharged during 1933 was 308.02 days.

Pathological Tests. The total number of Sputums examined during the year was 177.

Negative	113	=	63.84%
Positive	64	=	36.15%

The total number of Urine examinations during the year was 282.

The whole of the above Pathological tests were carried out at the Sanatorium.

Specialised Treatments.

Artificial Pneumothorax Therapy.

Total number of attempted inductions ..	15
Number of successful inductions	14
Number of unsuccessful inductions ..	1 (Adherent Pleura)

This has necessitated a total of 305 refills.

Sanocrysin. We have used Sanocrysin in specially selected cases and the results in many patients are encouraging.

The total number of patients treated with Sanocrysin was 26. A number of cases were given more than one course.

The toal number of intravenous injections of Sanocrysin given during 1933 was 295.

Tuberculin (P.T.O. Bovine). We have treated a number of Non-Pulmonary forms of Tuberculosis with the above preparation and I am very satisfied with the results.

The total number of cases treated with the above method was 7. This has necessitated a total number of 139 injections.

Open-Air School.	During 1933 a total of 41 children attended the Open-Air School.		
	Average number in class	..	21
	Total attendances	..	9773

Occupational Therapy, Handicrafts Department.

Total number who received instruction during 1933 :—

MEN	{	Number of men attending	..	..	29
		Total number of working hours	..	..	4762
BOYS	{	Number of boys attending	..	..	20
		Total number of working hours	..	..	3240

The men and boys attend the Handicrafts Department at different times.

In addition to the usual repairs and small fittings made for various parts of the Institution, including Kitchen, Dining Hall, Theatre, Surgery, Boardroom, etc., the Crafts Department has, in the last twelve months, undertaken some bigger and more important work of an interesting nature, including :—

Systematic reconditioning of furniture for Staff and Patients, e.g., dressing tables, wardrobes, dining chairs, etc.

Extension of the Paintshop.

Construction of individual wardrobes for male patients.

At the present time the Department is engaged in the making of a further batch of wardrobes and the construction of a new workshop for boys.

Among the articles made for the Institution are the following :—
Steps, gates, screens, bed-tables, shrub boxes, stools, bath mats, etc.

This Department is very popular with the patients, and is a big factor in breaking the tedium that some feel while undergoing Sanatorium treatment.

MOUNT GOLD TUBERCULOSIS AND ORTHOPÆDIC HOSPITAL.

REPORT OF THE RESIDENT MEDICAL OFFICER.

The hospital consists of 182 beds, and is divided into two sections, one for the reception of men and women suffering from pulmonary tuberculosis, and the other devoted to the care of men, women and children suffering from diseases and deformities of the bones and joints. The pulmonary side is provided with 40 beds for men and 40 for women, and the orthopædic section consists of three wards containing 50 beds for children, 26 beds for women, and 26 for men, making a total of 102 orthopædic beds in all, which can be increased to 120 if the occasion arises.

The pulmonary wards have proved very satisfactory since their adaption for the treatment of this type of case. Both the men and women are provided with an excellent recreation room and dining room, which are used by the convalescent patients. Each of the three wards in the orthopædic section have similar recreational facilities.

In addition to the wards in the orthopædic section there is a well-equipped Operating Theatre, Sterilizing Room, Out-patient Department, Waiting Room, Plaster Room, Gymnasium and Electro-Therapeutic Room. The latest equipment installed includes apparatus such as Ultra-Violet Sunlight Lamp, Infra-Red Lamp, Radiant Heat apparatus and other electrical apparatus for the testing of injuries and disease of the muscles and nerves. The latest type of Magill's anæsthetic apparatus is used, which does much to minimise shock in connection with surgical operations, as well as rendering anæsthetics much more pleasant to the patient.

There is a central kitchen, built on modern principles, which provides for the patients and staff. The whole institution is well heated by low-pressure hot water from oil-burning boilers, which also provide steam for use in the kitchen and operating theatre.

There are two Orthopædic Surgeons, Mr. Kennedy of Plymouth and Mr. Capener of Exeter.

**Pulmonary
Section.**

During the year 153 cases have been admitted, 92 discharged, and there have been 70 deaths, the average bed occupation being 58.57. Of the discharges 20 per cent were quiescent and 56 per cent were “very much improved.” The patients admitted to this hospital are mainly in the intermediate and advanced stages of pulmonary tuberculosis, but nevertheless many of them have done surprisingly well, and on several occasions cases have been transferred to Didworthy Sanatorium.

The main types of treatment used in this institution are rest, sanocrysin, artificial pneumothorax, and light occupational therapy.

During the past year 30 patients have received courses of treatment with sanocrysin, necessitating nearly 400 intravenous injections. Fourteen patients have received artificial pneumothorax treatment, necessitating 95 refills, and I have been greatly impressed by the favourable results afforded by these methods, so much so that it has been found possible to discharge a fair percentage of patients back to their work and others to Didworthy Sanatorium for a further period of treatment. Of deaths, 9 occurred within one week of admission, 5 died within two weeks of admission, and 12 within one month of admission.

During the year 48 patients underwent X-ray examination, and 206 pathological examinations of sputum were carried out.

**Orthopædic
Section.**

The orthopædic side of the hospital deals almost entirely with diseases and deformities of bones and joints. The type of cases received fall under the following headings :—

1.	Tuberculosis cases, chiefly spines, hips, etc.	..	98
2.	After results of Anterior Poliomyelitis	..	16
3.	Deformities—Congenital and acquired	..	10
4.	After results of injuries	.. ..	1
5.	Chronic Non-Tuberculous Arthritis	.. ..	13
6.	Chronic and Acute Non-Tuberculous Osteomyelitis		8
7.	Rickets	.. ..	11
8.	Other conditions	.. ..	12

Since opening in April there have been 169 admissions and 78 discharges. Of the admissions the Devon County Council have sent 30, the Cornwall County Council 1, Exeter City 3. The School Medical Service has sent 33, the Maternity and Child Welfare 16, Tuberculosis Department 55. Other Plymouth cases numbered 16, and other out-city cases 15.

During the year 176 surgical operations have been carried out under general anæsthetic. In addition to this, 52 manipulations under an anæsthetic have been performed, 65 aspirations, 29 pathological specimens have been examined, 22 injections of Sanocrysin for skin Tuberculosis have been given.

In addition to this purely operative work, one of the most important branches is the Massage Department, which is in the charge of a fully qualified Massage Sister, who also supervises the electrical and helio-therapy departments. Practically all the patients receive some type of massage, and the daily treatments vary from 20 to 30, or 500 to 600 per month. The beneficial effects of massage are extended in different ways. It is frequently combined with medical baths and gymnastics in order to strengthen different muscles or muscle groups. Circulation is increased and a return to normal is greatly assisted by this treatment.

Sunlight is essential to the well-being of these patients and the hospital is designed to afford the maximum amount of sunlight and fresh air. When inclement weather occurs in winter, artificial sunlight takes the place of natural.

It can well be imagined that where so many children are congregated together the risk of infectious disease breaking out is considerable. Precautions are taken to avoid this.

Every child is isolated for a month previous to his or her admission to the general ward. During this time they are immunised against Diphtheria, and so far we have been very fortunate, as only three cases of infectious disease (Scarlet Fever) have occurred in all. On the appearance of the first case in each instance, every child in the ward has received passive immunisation by means of Scarlet Fever Anti-toxin, and in no instance did a second case occur.

This method is rather costly, but it is well worth while, when one considers the damage an outbreak of scarlet fever could cause in a surgical ward.

In addition to the actual hospital work, an out-patient clinic is held twice a month by one of the orthopædic surgeons. Cases are sent to him from the various sources for his opinion and advice as to treatment. Unquestionably the clinic forms a valuable unit in the follow-up scheme for patients after they are discharged, so that observation may be kept on their progress for some considerable time after they have left the hospital. Up to date we have had 167 attendances at this clinic, and no doubt this branch will develop considerably during the next year or so.

As many of the children in hospital are in-patients for long periods, it is essential that their education should not suffer more than possible, and to this end there is a school, officially recognised by the Board of Education, where all children between the ages of two and sixteen years receive education during their stay. We have had 63 children on the register, and 35 of these are in attendance at present. The school hours amount to 22 per week, and the attendances up to December 31st total 8512, making an average attendance at each session of 26.43 out of a possible of 27.42.

The usual elementary school subjects are taught, but the work is of necessity planned on individual lines, as the attainments of the children are so varied. The handicraft side of the school curriculum is now self-supporting, the Tuberculosis Care and After-Care Committee having made a grant of money to initiate this branch in the school life of the Orthopædic Hospital School. The boys are becoming very proficient in cane, basket work, and rug making, and decorating cork mats with bead work. The girls chiefly make cushion covers, chair backs and duchesse sets, etc. In addition, the patients do knitting, needlework, raffia weaving, etc., both in school hours and their leisure time.

The children are very keen and thoroughly enjoy their school work, and the fact that their minds are occupied is a potent factor in their actual treatment.

City General Hospital

The City Hospital

REPORT OF THE MEDICAL SUPERINTENDENT.

During the year 1933 there were 4,225 admissions into the Hospital, 618 deaths, and 3,549 discharges. The following are some further details regarding these :—

1. Total number of admissions, 4,225.
2. Number of women confined in Hospital, 495.
3. Number of live births, 475.
4. Number of still births, 26.
5. Number of deaths among the newly born (i.e. under four weeks of age), 33.
6. Total number of deaths among children under one year (including those given under 5), 47.
7. Number of maternal deaths among women admitted to hospital for confinement, 6.
8. Total number of deaths, 618.
9. Total number of discharges, 3,549.
10. Duration of stay of patients included in 8 and 9 above.

Number of cases whose total stay was for the following periods :—

- (a) Under four weeks, 3,258.
 - (b) Four weeks and under thirteen weeks, 650.
 - (c) Thirteen weeks or more, 259.
11. Number of beds occupied :—
 - (a) Average during year, 489.
 - (b) Highest : 536 on 15/2/33.
 - (c) Lowest : 444 on 7/8/33.
 12. Number of surgical operations under general anæsthetic (excluding dental operations), 1,349.

The year 1932 saw a great increase in the number of admissions over the first year of taking over of the Hospital by the Council. There has been a still further increase in 1933 over the previous year ; the following comparative statement may be of value :—

			1932	1933	<i>Increase.</i>
ADMISSIONS	..	..	2937	3750	813
BIRTHS	..	..	249	475	226
			—	—	—
	TOTAL	..	3186	4225	1039
			==	==	==
DISCHARGES	..	..	2631	3549	918
DEATHS	..	..	539	618	79
			—	—	—
	TOTAL	..	3170	4167	997
			==	==	==
PATIENT DAYS	..	..	170754	178553	7799
Daily average beds occupied			467	489	22
Average stay	..	..	53.59 days	42.26 days	

The increase of approximately 1,000 cases has been represented largely by cases of an acute general type, and 900 of them were in Hospital for less than four weeks. Altogether 3,258 cases stayed in the Hospital four weeks or less, representing 78 per cent of the admissions, as against 73 per cent in 1932. It is thus apparent that more than three-quarters of the cases that are now being treated at the City Hospital are of an acute general nature, requiring exactly the same attention and care as those cases admitted to a purely acute hospital. The number of operations, also an index of the character of the work undertaken, has increased considerably, 1,349 operations having been performed, an increase of 274 over the previous year. Medical cases have increased in proportion, and obviously, therefore, the work of the hospital has become larger in every branch.

Deaths. The number of deaths was 618 ; although a large number, it must be remembered that this figure includes a considerable proportion of senile cases, cases of incurable cancer, and patients who died within 24 hours of admission. The corrected death rate after excluding these special cases is approximately 6 per cent.

**Maternity and
Ante-Natal
Department.**

There has been a substantial increase in the work of this Department. An extra ante-natal clinic will have to be incorporated shortly, as at present certain of our clinics are becoming larger than is desirable. Actually there were 3,640 attendances by expectant mothers during the year, as against 1,030 in 1932 ; altogether 600 mothers availed themselves of the facilities of the ante-natal clinic.

A Consulting Obstetrical Clinic, held weekly, has been added to the number of ante-natal clinics now held at the hospital.

495 maternity cases were admitted during the year ; in consequence of the increased number of maternity cases admitted, the pressure on the beds has at times been extremely heavy, and an adjacent ward had to be used very frequently for expectant mothers admitted for ante-natal care and treatment.

The increases in this Department show, I think, the readiness with which the citizens of Plymouth have availed themselves of the facilities that have been provided for them.

**Medical
Staff.**

The services of visiting Anæsthetists have now also been made available when necessary ; the assistance of a visiting Radiologist, too, has added considerably to the resources of the Hospital.

**Accommoda-
tion.**

There has been a great strain at times upon the accommodation, and it has been found necessary to take over for a part of the winter some of the accommodation which was not in use in the chronic block for the purpose of bed cases, and there are now a number of bed cases in Wards 14 and 15, in addition to those which were already in Ward 16.

The work has also thrown a greater strain on all branches of the staff. It is imperative that for satisfactory working the nursing staff should have suitable accommodation. It is hoped that the near future may see some definite step taken in the provision of good living conditions for the nurses.

Looking back at the end of my first year as its Medical Superintendent, I would pay tribute to the excellent adaptation and development which has been made since the taking over of the Hospital.

Much has been done in the comparatively short time that has elapsed since the City Hospital was started : there remains still a great deal to be done. At the best some of the wards must remain adaptations, and however efficient adaptations and improvisations may be, they can never hope to be completely satisfactory.

Welfare of the Blind

Welfare of the Blind

The City Council is responsible for the administration of the Blind Persons Act, 1920.

On the 31st March, 1934, there were 537 persons on the Plymouth City Register of Blind Persons, excluding persons who are resident in the City but registered elsewhere. In 1931 there were 607 persons on the Register, and the number has steadily decreased each year since. Over 85 per cent of those registered are over the age of forty years.

Age of Persons Registered as Blind.

0 to 5 years	..	..	3
5 to 16 „	..	..	15
16 to 21 „	..	..	3
21 to 30 „	..	..	22
30 to 40 „	..	..	36
40 to 50 „	..	..	55
50 to 60 „	..	..	97
60 to 70 „	..	..	113
70 and over	..	..	195

Age of Onset of Blindness.

0 to 1 year	..	..	77
1 to 5 years	..	..	22
5 to 10 „	..	..	21
10 to 20 „	..	..	23
20 to 30 „	..	..	42
30 to 40 „	..	..	41
40 to 50 „	..	..	58
50 to 60 „	..	..	81
60 to 70 „	..	..	92
Over 70 „	..	..	57
Not ascertained	..	..	24

The South Devon and Cornwall Institution—a voluntary body—provides the main services in connection with the various activities arising out of the Blind Persons Act.

All cases for relief under the Blind Persons Act, 1920, must be in possession of an ophthalmic surgeon's certificate of blindness under the Act.

Children under school age suffering from blindness are admitted to various sunshine homes, and on attaining school age attend the Blind School at Exeter. After attaining sixteen years of age they are transferred to the South Devon and Cornwall Institution, Plymouth.

Registered Workers. Not only Plymouth people who have reached such a stage of proficiency in their work that they can produce articles at the Home workshops, but also blind persons living elsewhere are dealt with. Materials, etc., are provided at cost price. The persons can secure their own orders for work and also receive commissions from the Institution, and the income they make from their own endeavours is augmented by an allowance under the Blind Persons' scheme.

Part-time Occupation. These are Plymouth people visited by the Home teachers, and taught Braille and small things, such as rug-making, etc., to occupy their minds. No payment is made or received for this work.

The Home teachers also take these people on the Hoe, or elsewhere, for walks, and generally give them added interests in their lives.

GRANT BY THE LOCAL AUTHORITY (BLIND PERSONS ACT, 1920).
(*Financial Year, 1/4/32-31/3/33.*)

South Devon and Cornwall Institution for the Blind—	£	s.	d.
Relief to Blind Persons and Special Maintenance			
Grant whilst in training, etc.	5971	13	2
Augmentation of Journeymen's Wages (Workshop)	1601	9	9
Ophthalmic Surgeon's Fees	121	8	0
Grant under Local Government Act, 1929—			
South Devon and Cornwall Institution for the Blind	1120	0	0
Devonport and Western Counties Institution for the Blind	348	0	0
Glyn Vivian Home of Rest for the Blind	17	0	0
Royal School for the Blind	3	0	0
Western Counties Association for the Blind	99	0	0
National Library for the Blind	30	0	0
TOTAL	£9311	10	11

BLIND PERSONS RESIDENT IN PLYMOUTH.

Children under 5 years	..	..	..	3
School children (5 to 16 years)	..	..	..	15
Adults in training	..	..	..	2
Adults awaiting Training	..	..	..	1
Workshop Employees	..	..	..	37
Other Blind Employees	..	..	..	3
Registered Home Workers	..	..	..	6
Unemployables (over 16 years)—				
at Home	..	..	..	431
in Public Institutions	..	..	..	39
				<hr/>
				537
				<hr/>

Port Sanitary

Port Sanitary Department

REPORT OF THE SENIOR ASSISTANT PORT M.O.

TABLE A.

AMOUNT OF SHIPPING ENTERING THE PORT
DURING THE YEAR 1933.

	Number.	Registered Tonnage of vessels inspected.	Number In- spected by the		Num- ber re- ported to be defec- tive.	Number of vessels on which defects were remedied.	Number of vessels re- ported as having, or having had during the voyage inf. dis. on board
			Port M.O.	Insp.			
FOREIGN—							
Steamers ..	1,090	5,593,673	511	486	12	12	85
Motor ..	204	441,847	62	43	—	—	19
Sailing ..	69	2,760	—	6	—	—	—
*Fishing	—	—	—	—	—	—	—
Total Foreign	1,363	6,038,280	573	535	12	12	104
COASTWISE—							
Steamers ...	1,197	514,942	—	831	—	—	—
Motor ..	642	53,403	—	144	1	1	—
Sailing ..	61	3,021	—	5	—	—	—
*Fishing ..	—	—	—	—	—	—	—
Total Coastwise	1,900	571,366	—	980	1	1	—
Grand Total ..	3,263	6,609,646	573	1,515	13	13	104

* There is no record of the amount of fishing traffic entering the Port.

TABLE B.
CHARACTER OF TRADE OF PORT.
PASSENGER TRAFFIC DURING THE YEAR 1933.

<i>No. of Passengers.</i>	<i>1st Class.</i>	<i>Cabin.</i>	<i>2nd Class.</i>	<i>Tourist.</i>	<i>3rd Class.</i>	<i>Trans- migrants.</i>	<i>Coastwise Passengers.</i>	<i>Total.</i>
INWARDS..	10,935	4,035	3,444	5,595	4,177	352	861	29,399
OUTWARDS	1,239	1,057	168	2,978	723	—	488	6,653

The floating population dealt with comprised some 336,888 persons, and among these were 702 cases of sickness, including 394 of an infectious nature. Fifty-five deaths occurred among this series, and all these cases were subject to the most careful enquiries by the medical officers. The number of cases actually landed was 85 of which 22 were removed to shore hospitals.

Eight thousand nine hundred and fifty-seven aliens were medically inspected and detailed medical examinations were conducted in respect of 286 of these persons. In no instance was it found necessary to issue a certificate of complete refusal to land.

No cases of plague were encountered and no plague-infected rats were detected on ship or shore.

The new Port Sanitary Regulations came into force on May 1st, 1933. The issue of these regulations has now given the Port Sanitary Authority a definite legal basis for its activities and facilitates greatly all aspects of administration.

The Port of Plymouth was gazetted as an " Approved Port " for the reception of wireless messages during the year. As regards Article 6, concerning wireless messages, the Port has derived even greater benefit than under its wireless scheme, hitherto in force, particularly since the sending of messages is now compulsory. That the system is working very efficiently is probably due to the fact that Plymouth has had its own scheme in vogue for several years and that the new scheme involved only minor adaptations under the original Plymouth scheme.

This not being a " Survey Report " full details of all the Port Sanitary activities are not given, but reference to the 1930 Survey Report will give all the information connected with this Port.

The relation between the Port Sanitary and other boarding officials has remained most cordial throughout the year.

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1933.

Mailboats. The number of calls made by mailboats at Plymouth in 1933 was 592, as compared with 623 in 1932 and 706 in 1931. In all 3,263 vessels (apart from those engaged in the fishing trade) arrived from foreign and coastwise, the tonnage amounting to 6,609,646.

Five hundred and seventy-three vessels were visited by the Medical Officers and 1,519 by the Inspector. In addition, 10 vessels were boarded by the Medical Officers accompanied by the Inspector. Ninety-four defects were found on 13 vessels, and in the case of 13 vessels the defects were remedied while in Port. Further details will be found in Table A.

II. CHARACTER OF TRADE OF PORT.

(a) **Passenger Traffic** The number of persons passing through the Port was over 28,000, including 8,900 aliens, the latter figure being made up in the main part by American tourists.

(b) **Cargo Traffic** *Coastwise.* This traffic generally remains at a low level, being in keeping with the general depression of trade throughout the country. Coastwise cargo traffic consists mainly of transhipped general cargoes from London and Liverpool, coal from the North-East Ports and coal and general goods from the Bristol Channel Ports.

Foreign. The foreign trade remained the same as in the previous year. Some of the vessels carrying grain were from Basra and Black Sea ports and in these cases immediate attention was given by officers of this Department. The seasonal vegetable and fruit trade from France and the Channel Islands was maintained. For further details as to the trade of the port, see Table B.

III. SOURCE OF WATER SUPPLY.

(a) *For the Port.*

Great Western Docks.	}	Plymouth Corporation Water Department from hydrants on the wharves.
Cattedown & Sutton Harbour		

(b) *For Shipping.* The only water boat supplying fresh water to shipping in the Port is the *Ela*, of 5,500 gallons capacity.

(c) *Number of Water Boats and Sanitary Condition.* For shipping, water is derived either from the hydrants on the wharves or from water boat *Ela*. The tanks of the *Ela* were inspected periodically throughout the year and found to be in a wholesome condition.

IV. PORT SANITARY REGULATIONS, 1933.

1. *Arrangements for Dealing with Declarations of Health.*

Declarations of Health are inspected and collected by the Boarding Medical Officer in the case of Passenger Liners calling at the Port. As far as cargo vessels are concerned the Declarations of Health are inspected and collected by the Port Sanitary Inspector, or by Officers of H.M. Customs, who forward the forms immediately to the Port Sanitary Authority.

2. *Boarding of Vessels on Arrival.*

All mailboats and Passenger vessels are boarded by the Port Medical Officers as soon as they arrive. As these vessels come to anchor, either in Cawsand Bay or in the Sound, the Medical Officers go out usually with the tenders and use the Port Sanitary Launch for transferring to other vessels, if necessary. The customary procedure in this Port is for the Port Medical Officer to accompany the Boarding Officer of His Majesty's Customs up the gangway and listen to the replies given by the ship's surgeon to the regulation health questions put by the Customs Officer. The Medical Officer then proceeds to investigate any case of reported sickness before the other shore officials go on board, and takes action appropriate to his findings and to the disease in question. If no case of infectious disease is reported and the Boarding Medical Officer is satisfied that all is well, the other shore officials follow and board immediately from the tender.

Cargo vessels entering the Port are boarded by an Officer of Customs and as soon as possible afterwards by the Inspector. These vessels thus receive interrogation from three sources, viz.: the Pilot (if any), Customs Officer and the Port Sanitary Inspector who, in addition to interrogation, inspects the vessels and crew's quarters for any possible concealment of illness. Any suspicious circumstances are reported to the Medical Officer.

3. *Notification to the Authority of inward vessels requiring special attention (wireless messages, land signal stations, information from Pilots, Customs Officers, etc.).*

(i). *Wireless Messages.*

Most mailboats wireless ahead to the shore station at Lands End or Portishead, the approximate time of their arrival and as to the state of health on board. The information is received by the agents, who communicate with the Port Sanitary Authority. It will be noted that wireless messages concerning the state of health on board vessels approaching Plymouth, are compulsory after February 1st, 1934. (The Port of Plymouth has been gazetted as an approved Port for the reception of wireless messages on and after that date.) Printed forms, in accordance with the Ministry of Health's Scheme for wireless messages, are supplied to all vessels calling at the Port.

(ii). *Pilots.*

At Plymouth, where pilotage for the passenger boats is compulsory, apart from giving instructions concerning local routine and the quarantine moorings, the pilots render much assistance. Usually the tenders leave the shore for the mailboat anchorage before the pilot has boarded the vessel outside the breakwater.

Coastal boats more frequently use an inside pilot.

A list of infected ports is sent to the Trinity Pilots periodically for their information.

(iii). *Customs Officers.*

A list of infected ports is issued by this Department periodically, with a request that vessels arriving from such ports be detained by the Customs Officer for examination by the Port Medical Officer and Inspector.

All cargo vessels are visited immediately after arrival by the Customs Officers, who report to the Port Sanitary Authority any cases of sickness. This service, willingly performed by the officers of the Customs Waterguard, is of great assistance for the taking of prompt action in the case of infectious disease on cargo vessels.

(iv). *Ministry of Health.*

(a) The Port Sanitary Authority is kept informed as to the incidence and occurrence of Infectious Diseases in home and foreign

ports by a weekly record received from the Ministry of Health, a special watch is kept with regard to vessels arriving from such ports.

(b) The Port Sanitary Authority is notified specially by the Ministry of Health when the latter receive any information through international channels, of a vessel leaving a foreign port for Plymouth and having landed or having aboard cases of a major infectious nature.

(v). *Other Boarding Officials.*

Through working in close harmony with the other boarding officials, the Medical Officer learns occasionally, through the media of the Immigration Department, Press representatives, and the Scotland Yard officials, of sickness otherwise not reported.

(vi). *Naval Health Authorities.*

Complete co-ordination exists between the Naval Health Authorities and the Port Sanitary officials. Weekly notifications of infectious diseases occurring in the Port are interchanged between the two departments. As sick naval ratings from foreign stations are frequently landing from mailboats, this co-ordination is of great advantage to the efficient working of both Naval and Port Sanitary staffs.

4. *Mooring Stations designated under Article 10 : (a) within the docks ; (b) outside the docks.*

Jennycliff Bay is used as a mooring station in the case of vessels which intend entering the docks. As the larger liners lie off in Cawsand Bay or just inside the Breakwater the usual anchorage is regarded as a mooring station.

5. *Particulars of any standing exemptions from the Provisions of Article 14.*

There are no standing exemptions to the Provisions of Article 14.

6. *Experience of working of Article 16.*

The main provisions of Article 16 have been in force at this Port for a considerable time prior to the introduction of the Port Sanitary Regulations. A slight modification has been introduced in that the Immigration Officials insist on boarding at the same time as the Medical and Customs Officers and proceed with their business independently. This has made matters rather difficult in

the case of ships declaring Infectious Disease and imposes a handicap on the Boarding Medical Officers, who cannot examine crew and passengers at the same time. It is hoped that in the future some arrangement will be reached whereby this difficulty can be obviated.

7. *What, if any, arrangements have been made for :—*

(a) *Premises and waiting rooms for medical examination.* No premises or waiting rooms are provided for medical examination at the Plymouth docks.

(b) *Cleansing and disinfection of ships, persons, clothing and other articles.* When cases of infectious disease are removed from ships in the motor launch *Golden Hind* to hospital ashore, the quarters on board and later the cabins of the *Golden Hind* are disinfected with Sulphur Dioxide from canisters, or sprayed with Formalin. Clothing, bedding, etc., is conveyed by ambulance to the City Isolation Hospital at Swilly, where a Washington Lyons high-pressure apparatus is available.

Crews' quarters are frequently sprayed with Solution " D " or fumigated with " Sulphume " for the destruction of vermin.

(c) *Premises for the temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations.* Acute infectious diseases are accommodated at the Swilly Isolation Hospital. Cases suffering from Tuberculosis may be accommodated at the Corporation Hospital at Mount Gold, by special arrangement.

Minor infectious diseases for which no accommodation is provided, but nevertheless require isolation, comprising Chicken-pox, Erysipelas, Insanity, Measles and German Measles, Mumps, Ophthalmia Neonatorum and Whooping Cough, are not taken into the City Isolation Hospitals. The Company's Agents are required to make arrangements for isolation locally in a nursing home, private house or infirmary for such cases.

Other diseases, including acute Influenzal Pneumonia, acute Primary Pneumonia, Favus, Influenza, Malaria, Ringworm, Scabies Trachoma and Venereal Diseases (admitted to the Venereal Department at the City Hospital) require no isolation, and individuals must make their own arrangements for treatment.

(d) *Hospital accommodation available for Plague, Cholera, Yellow Fever, Smallpox and other infectious diseases.* Cases of Plague, Cholera, Yellow Fever, Smallpox and Typhus Fever are transferred in the motor launch *Golden Hind* from the vessels to the shore and are then taken by the City motor ambulance to the Isolation Hospital at Lee Mill; they are detained there until deemed no longer infectious.

(e) *Ambulance Transport.* Cases of infectious disease are brought ashore in the Authority's launch, transferred into the motor ambulance of the City Health Department and then removed to one of the Isolation Hospitals.

(f) *Supervision of Contacts.* If a case of infectious disease is landed from a vessel, all persons on board are regarded as contacts, and are watched and examined daily during their stay in Port. When there are persons landing, their names and addresses are taken and forwarded to the Medical Officer of Health of the district to which they are proceeding, so that they may be kept under observation until the quarantine period has elapsed. All parts of the ship liable to harbour infection, together with bedding and clothing, are disinfected, and the vessel is then allowed to proceed.

(8) *Arrangements for the bacteriological or pathological examination of rats for plague.*

These examinations are carried out by the City Pathologist.

(9) *Arrangements for other bacteriological or pathological examinations.*

These include investigations, such as water samples, sewage effluents and oysters. Throat swabs and other clinical material, together with the above, are examined for the Authority by the City Pathologist.

(10) *Arrangements for the diagnosis and treatment of venereal disease among sailors under international arrangements.*

All ships coming into the docks are boarded by the Port Sanitary Inspector in the course of his duty, and while making enquiries about sickness on board, he supplies, where necessary,

any information concerning Venereal Diseases and pamphlets giving the times and days of the clinics at the City Hospital, Plymouth.

(11) *Arrangements for the interment of the dead.*

Agents make their own arrangements for the interment of the dead.

(12) *Other matters, if any, requiring or receiving attention.*

Nil.

TABLE C.

**CASES OF INFECTIOUS SICKNESS LANDED FROM
VESSELS.**

<i>Disease.</i>	<i>Cases during 1933.</i>		<i>Average No. of cases for previous 5 years.</i>	<i>No. of Vessels concerned.</i>
	<i>Passengers</i>	<i>Crew.</i>		
Enteric Fever ..	2	1	.4	3
Dysentery	1	—	1.6	1
Pulmonary Tuber- culosis	21	1	17.2	15
Malaria (contracted abroad)	3	—	11.2	2
Measles	3	—	4.4	2
Venereal Diseases ..	3	—	7.4	3
Influenza	2	—	3.8	2
Scabies	1	—	.2	1
Pneumonia .. .	1	—	2.6	1
Mumps	1	—	.6	1
Whooping Cough ..	3	—	1.2	1
Poliomyelitis ..	1	—	—	1
TOTALS ..	42	2	—	33

TABLE D.
CASES OF INFECTIOUS SICKNESS OCCURRING ON
VESSELS DURING THE VOYAGE BUT DISPOSED OF
PRIOR TO ARRIVAL.

<i>Disease.</i>	<i>Cases during 1933.</i>		<i>Average No. of cases for previous 5 years.</i>	<i>No. of Vessels concerned.</i>
	<i>Passengers</i>	<i>Crew.</i>		
Smallpox	3	1	2.4	4
Scarlet Fever ..	1	—	.8	1
Enteric	5	1	4.0	6
Pneumonia	4	1	11.6	5
Dysentery	2	—	6.6	2
Pulmonary Tuber- culosis	7	5	9.6	10
Malaria (contracted abroad)	11	13	9.4	9
Chicken-pox	5	6	6.4	6
Measles	3	—	6.6	2
Venereal Diseases ..	—	1	10.0	1
Influenza	2	1	1.0	1
Blackwater Fever ..	1	—	.2	1
Mumps	2	—	.8	2
Scabies	1	—	—	1
Whooping Cough ..	1	—	2.2	1
TOTALS ..	48	29	—	52

SMALLPOX.

m.v. Strathaird. The *m.v. Strathaird* arrived at Plymouth on the 9th February. Previous information had been received to the effect that the *Strathaird* had landed a case of Smallpox at Suez, on January 29th. Although no further cases had developed at Plymouth the vessel was treated as a Smallpox ship, the entire crew was inspected ; together with the passengers landing, whose names and addresses were ascertained and information sent to the Medical Officer of Health of the districts to which they were proceeding.

s.s. Rawalpindi. The *s.s. Rawalpindi* from Bombay arrived at Plymouth on March 9th. On boarding the vessel it was found on enquiry that a case of Smallpox had been landed at Aden on February 22nd. No previous information had been received from the ship concerning this case ; but on taking up the matter with the P. & O. Co., it was promised that such a serious breach of the Port Regulations would not occur again. No further cases had developed on arrival at Plymouth. The usual precautionary measures were taken and the vessel allowed to proceed.

s.s. Rajputana. The *s.s. Rajputana* arrived at Plymouth from Bombay on May 25th. Information had been received from the Ministry of Health to the effect that a case of Smallpox had been landed at Aden on May 10th. A wireless message was received confirming diagnosis of Smallpox on May 12th. All contacts were vaccinated on board by the surgeon, together with the white and native crews and most of the passengers. No further cases had developed on arrival at Plymouth. The usual precautionary measures were taken and the vessel allowed to proceed.

TYPHOID.

s.s. West Hika. The *s.s. West Hika* called off Plymouth specially on Thursday, March 3rd, to land a man suffering from Typhoid Fever. The man was admitted to a local hospital and died on Friday, March 4th ; after a post-mortem examination, the cause of death was confirmed as Typhoid Fever. No other communication was made with the shore and information concerning measures adopted at Plymouth was sent on to the Port Medical Officer at London, the next port of call.

V. MEASURES AGAINST RODENTS.

(1) Steps taken for the detection of Rodent Plague.

(a) *In ships in the Port.* Ships from "Infected Ports" are subjected to close enquiries by the Medical Officers and Inspector. Dead rats recovered during the working of the cargo are seized by the ratcatcher or stevedores and examined and dissected by the Port Medical Officers. A large percentage of the carcasses are sent to the City Pathologist for detailed microscopical examination.

Vessels other than those from "Infected Ports," reporting mortality among rats are also subjected to constant surveillance by the Inspector and ratcatcher. Traps and a dog are used by the ratcatcher on these vessels daily during their stay in port. All rats, whether found dead or trapped, are submitted for inspection each day.

(b) *On Quays, Wharves, Warehouses, etc., in the vicinity of the Port.* Frequent and in many cases daily visits were made to warehouses during the year for the purpose of ascertaining the rat prevalence and the condition of the rat population. Rats found killed, or trapped or poisoned by the ratcatcher were brought to the office and examined by one of the Medical Officers. No cases of rodent plague were detected during the year 1933.

For further details of rats destroyed see Tables E, F, G, H.

(2) Measures taken to prevent the passage of rats between ships and the shore.

All vessels calling at the Port to discharge cargoes of grain or any other goods from "Infected Ports" are dealt with under the Plague and Cholera Regulations, 1907, and the Rats and Mice (Destruction) Act, 1919.

On 26 vessels arriving at Plymouth from plague "infected" or "suspected" ports, printed precautions were issued and the requirements carried into effect, viz.:

(1) Ship to be moored not less than six feet from quay.

(2) Gangways to be removed at night.

- (3) Protectors to be fixed on all hawsers from ship to shore, or hawsers wrapped with canvas and freshly tarred every night.

The Inspector makes daily visits to see that these requirements are complied with.

(3) *Methods of Deratisation.*

(a) *On ships.* No attempt is made to deal with rats on mail-boats during their brief stay offshore in the Port.

The ratcatcher, with the aid of traps, dogs, and poison baits, endeavours to destroy rats on vessels remaining in the Port. Fumigation is resorted to only in exceptional degrees of rat infestation. An arrangement exists whereby a London firm undertakes to do this at short notice.

(b) *Premises in the vicinity of docks or quays.* Measures taken under this heading include the use of traps, dogs and poison baits. In addition, several owners place cats in their warehouses. Baits used include phosphorous pastes and barium carbonate.

During the year, a more intensive campaign was conducted against the rodent population.

(4) *Measures taken for the detection of Rat prevalence in ships and on shore.*

Rat prevalence is estimated by consideration of a number of factors, and consequently the Inspector and the ratcatchers are instructed to take cognizance of the following findings while inspecting hold or warehouse.

- (a) The number and condition (recent or remote) of droppings.
- (b) The number and condition (recent or remote) of runs and nests.
- (c) The damage done by gnawing to stores, building structures, bulkheads, boats, etc.

Dunnage and other harbourage material are distributed and turned over whenever possible. When, from consideration of the reports of the ratcatcher, it is deemed that infestation of any warehouse is excessive, intensive "rat drives" are made.

TABLE E.

RATS DESTROYED DURING 1933.

I. ON VESSELS.

<i>Number of</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Black Rats ..	18	1	41	4	—	34	—	20	163	10	—	—	291
Brown Rats ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Species not recorded ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ..	6	1	4	4	—	2	—	—	9	—	—	—	26
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE F.

II. IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

<i>Number of</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total.</i>
Black Rats ..	18	35	35	14	24	—	11	14	—	3	11	—	165
Brown Rats ..	125	121	103	121	231	124	131	135	132	108	235	142	1,708
Species not recorded ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ..	9	12	7	8	11	10	4	10	5	7	10	6	99
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE G.

MEASURES OF RAT DESTRUCTION ON PLAGUE “INFECTED OR “SUSPECTED ” VESSELS OR VESSELS FROM PLAGUE-INFECTED PORTS ARRIVING IN THE PORT DURING 1933.

Total Number of Vessels arriving from Plague infected Ports.	Number of such Vessels fumigated by S.O.2.	Number of Rats killed.	Number of such Vessels fumigated by H.C.N.	Number of Rats killed.	Number of such Vessels on which trapping, poisoning, etc., were employed.	Number of Rats killed.	Number of such Vessels on which measures of Rat destruction were not carried out.
23	—	—	1	103	26	169	—

TABLE H.

DERATISATION CERTIFICATES AND DERATISATION EXEMPTION CERTIFICATES ISSUED DURING 1933.

Net Tonnage.	No. of Ships.	No. of DERATISATION CERTIFICATES ISSUED.					No. of Deratisation Exemption Certificates issued.	Total Certificates issued.
		After fumigation with			After Trapping, Poisoning, etc.	Total.		
		H.C.N.	Sulphur	H.C.N. and Sulphur.				
Ships up to 300 tons	34	—	—	—	—	—	34	34
Ships from 301 tons to 1000 tons ..	13	—	—	—	—	—	13	13
Ships from 1001 tons to 3000 tons ..	5	1	—	—	—	1	4	5
Ships from 3001 tons to 10000 tons ..	—	—	—	—	—	—	—	—
TOTAL ..	52	1	—	—	—	1	51	52

s.s. Marouko Pateras. The Greek steamship *Marouko Pateras*, tonnage 2,670, arrived at this Port on September 9th with a cargo of grain from the River Plate, South America.

The ship was boarded by the Port Sanitary Inspector who found that the Deratisation Exemption Certificate issued at Swansea on the 20th January was nearly two months overdue. According to customary routine the Department's ratsearcher attended the ship during unloading and found evidence of rodent infestation in every compartment. In the course of the next few days 53 black rats were destroyed by traps, baits and dogs.

In view of the degree of rat infestation on the ship I was of the opinion that the number of rats was not kept down to a minimum and I required the ship to be deratised to my satisfaction. Considerable opposition was encountered to the wishes of the Port Sanitary Authority and owing to this unsatisfactory state of affairs further representations were made to the local agents. The owners were desirous that the vessel should be fumigated at a Bristol Channel port (presumably at a cheaper rate).

They were then informed that under no circumstances could a vessel in such a serious state of rat infestation be allowed to leave the Port of Plymouth. After further discussion the owners agreed to fumigation. This was carried out by the Cyanide method on the 25th September, by a London firm, and an additional 103 black rats were recovered.

(5) *Rat Proofing.*

(a) *To what extent are Docks, Wharves, Warehouses, etc., Rat Proof?*

The Great Western Railway, as usual, have maintained their stores in a cleanly condition, painting and limewashing being effected when necessary.

(b) *What action taken to extend rat proofing? On Shore.*

Most of the principal warehouses have concrete floors, although in the Great Western Docks many old wooden ones still exist. In the course of the year very little had been done to improve the flooring of warehouses owing to the prevailing need for economy. The condition of the individual warehouse remains much the same as reported under this section of the Report for 1932.

BATHING POOLS AND PURITY OF THE WATERS OF THE PORT.

These were subjected to periodical inspection during the year, samples taken revealed no gross pollution.

OYSTERS.

During the year visits were made to the beds of the Yealm Oyster Fisheries, Ltd., which are situated near Steer Point on the River Yealm. The approximate number of oysters in stock on the beds in December, 1933, was 150,000, and in the course of the year 70,000 were laid down for replenishing purposes. The content of the beds was satisfactory and bacteriological examinations of samples taken from time to time, revealed no traces of pollution.

MEDICAL WORK UNDER THE ALIENS ORDER, 1920.

The number of aliens landed at this Port during the year was 8,950 in addition to 48 alien seamen, all of whom were either medically inspected or examined ; 286 were subjected to detailed examination for various reasons. Those staying for more than three months were treated as immigrants and subjected to more careful medical examination, so that no alien should be permitted to land who, by reason of physical or mental infirmity might become a burden or charge upon the community. It was not found necessary to issue any certificates of complete refusal to land.

REPORT OF PORT SANITARY INSPECTOR.

SANITARY.

Out of a total number of 2,092 vessels arriving at the Port during 1933, 1,519 were visited by myself, including 10 visited in company with the Boarding Medical Officers. In three instances the remedial measures were immediately effected and in ten cases an informal notice was issued. Sanitary defects were found on 13 vessels.

During the year 13 cabins were fumigated, and 3 cabins and 2 forecastles sprayed for the destruction of bugs.

TABLE J.

HYGIENE OF CREWS' SPACES.

Nationality of Vessel.	Number inspected during 1933.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British	1542	—	9	46
Other Nations	540	—	—	39

TABLE K.

DETAILED LIST OF SANITARY DEFECTS FOR THE YEAR.

During the year 13 vessels were found to be in an insanitary condition, the following defects being notified to the Masters, Owners or Agents :—

<i>No. of Defects</i>	<i>Nature of Defects.</i>
1	Bilges to be pumped out and cleansed.
20	Cabins to be fumigated for bugs.
6	Crews' quarters to be painted.
6	Crews' quarters to be scrubbed and cleansed.
2	Fo'c'sles to be disinfected of bugs.
24	Food Lockers to be scrubbed and cleansed.
1	Interior of vessel to be scrubbed and cleansed.
2	Messrooms to be scrubbed and cleansed.
1	New bilge boards to be fitted.
7	Turkey coops to be cleansed.
2	Vessels to be fumigated for rats.
4	Water closets to be fitted with port lights.
5	Water closets to be fitted with ventilators.
12	Water closets to be scrubbed and cleansed.
1	Wash-up for crew to be painted.

DERATISATION.

There were 51 Exemption Certificates issued during the year and 1 Fumigation Certificate, which meant a revenue to the Department of £109 4s. 0*d*. The examination of vessels in this connection has brought increased duties, especially since the Committee found it necessary to reduce the staff in order to economise.

FOOD INSPECTION.

During 1933 there were 669 vessels dealt with under the Public Health (Imported Food) Regulations, 316 from Foreign Ports and 353 from Coastwise. The total amount of Foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption was 33 tons.

Shell Fish. Two samples of oysters were submitted to the bacteriologist for examination, the result of the first sample being "more than 2 and less than 5 B. coli. per oyster, and that of the" second sample "less than 1 B. coli. per oyster."

There were no samples of food taken during the year.

MEDICAL INSPECTION OF ALIENS. PORT SANITARY DISTRICT OF PLYMOUTH.
YEAR ENDED DECEMBER 31st, 1933.

	Total.	Number inspected by the Medical Inspector.	Number subjected to detailed examination by the Medical Inspector.	CERTIFICATES ISSUED.					TRANSMIGRANTS	
				Lunatic Idiot or M.D.	Undesirable for Medical Reasons.	Physically Incapacitated.	Suffering from acute Infectious Disease.	Landing necessary for adequate Medical Examination.	Verminous.	Trachoma Favus, etc.
				(a)	(b)	(c)	(d)	(e)		
1.—(a) Total number of Aliens (excluding Alien Seamen) landing at the Port ..	8,787	8,540	247	—	—	—	—	—	—	—
(b) Aliens refused permission to land by Immigration Officer ..	—	—	—	—	—	—	—	—	—	—
(c) Transmigrants ..	352	352	—	—	—	—	—	—	—	—
2.—Total Aliens arriving at the Port	9,139	8,892	247	—	—	—	—	—	—	—
Seamen	166	127	39							
3.—(a) Total number of vessels carrying Alien Passengers	581									
(b) Number of such vessels dealt with by the Medical Inspector ..	581									

TABLE A.

	Total.
Analysis of Aliens landing [see 1 (a)].	
Residents Returning	210
In Transit	836
Visitors	6,168
Business	726
Diplomatic	237
Seamen	48
Contract Seamen	118
Ministry of Labour Permit (M.L.):—	
(a) Males	118
(b) Females	60
(c) Children	8
Aliens coming to settle, not holding M.L. Permits:—	
(a) Males	298
(b) Females	90
(c) Children	17
Total	8,953

TABLE B.

Classification of Aliens referred to the Medical Inspector by the Immigration Officer for detailed examination:—	Examined.	No. of certificates issued.
(i) holding Ministry of Labour permits	67	—
(ii) intending to take up employment and remain in the country over three months	33	—
(iii) intending to make their home in this country ..	17	—
(iv) students coming for educational purposes ..	33	—
(v) in regard to whom there is any mention of health as a reason for their visit	3	—
(vi) who appear to the I.O. (a) not to be in robust health; (b) to be mentally or physically abnormal or sub-normal; (c) to be dirty in their person, or (d) are selected for special reasons	94	—
(vii) seamen travelling as passengers	39	—

School Medical Service

School Medical Service

EDUCATION COMMITTEE.

Chairman : Alderman R. McDonald.

Vice-Chairman : Alderman G. P. Dymond.

Aldermen J. L. Cornish, W. H. Weston, J. W. A. Campbell and H. G. Mason.

Councillors R. F. Axworthy, W. L. Bastard, A. H. Crimp, G. A. Daymond, D. L. Dean, P. Jolly (up to November), C. L. Lander, E. J. Lavelle, A. R. Mayne, J. H. Morgans, S. W. R. Pettett, (Mrs.) J. Pook, W. H. J. Priest, E. W. Rogers (up to November), J. J. H. Moses (since November), G. P. Ross (since November).

Lady W. H. Mounstephen, Mrs. A. L. Rothwell (up to November), Miss F. M. Holland, and Mrs. B. Bull (since November).

The Rev. T. D. Thomas, and the Rev. J. H. McDonald (since November).

Messrs. C. W. Bracken, A. F. Chubb (up to November), B. Fee (up to November), W. J. S. Morrell, N. J. Revington, W. H. Trant, and V. Pedlar (since November).

MEDICAL TREATMENT SUB-COMMITTEE.

Chairman : Alderman J. W. A. Campbell.

Councillors R. F. Axworthy, A. H. Crimp, G. A. Daymond, C. L. Lander, J. H. Morgans, (Mrs.) J. Pook, and E. W. Rogers (up to November).

Lady W. H. Mounstephen, Miss F. M. Holland (since November).

Messrs. A. F. Chubb (up to November), N. J. Revington, W. H. Trant, and V. Pedlar (since November).

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical—whole-time :—

T. Peirson, M.D., M.R.C.S., D.P.H., School Medical Officer.

J. W. E. Cole, M.A., M.B., D.P.H., Deputy S.M.O.

H. Smith, L.R.C.P., M.R.C.S., Assistant S.M.O.

Georgina R. Hatcher, M.B., Assistant S.M.O.

Dental Surgeons—whole-time :—

E. R. Williams, L.D.S., R. H. Forrest, L.D.S., Miss A. M. N. Stewart, L.D.S., Miss N. Johnson, B.D.S.

Medical—part-time :—

Aural Specialist : C. R. Crowther, M.D., B.CH.

Ophthalmologist : W. H. Davis, L.R.C.P., M.R.C.S.

Orthopædic Surgeon : C. M. Kennedy, F.R.C.S.

NURSING STAFF.

General :—

Miss F. T. Spokes§, Miss E. M. B. Parkinson§, Miss G. M. Speakman,*§ Miss M. J. Fletcher§, Miss M. Le Prevost, Miss G. M. Phillips.§

Dental :—

Miss E. M. Harris, Miss M. B. Roach,*§ Mrs. E. J. Gale, Miss M. Webber.§

* Certificate of Central Midwives Board. § State Registered.

Open-Air Schools :—

Miss M. E. White, Miss J. Bowden.

Special M.D. School :—

Miss M. H. Landells.

Ophthalmic :—

Mrs. M. G. Noble (part time).

Number of Children on rolls of Elementary Schools	..	29949
Average Attendance	.. .. .	26591

Changes in Staff. Nurse Speakman started duty on March 23rd, replacing Nurse Baxter, who resigned in December, 1932.

Miss Banks, Orthopædic Assistant, resigned on the 24th November, 1933, and Miss Stevens commenced duty on the 1st December, 1933.

Medical Inspection. The age groups as specified by the Board of Education have been inspected and re-inspected according to the arrangement and method set forth in previous reports. The statistical particulars are shown in Table 1 and the findings in Table 2.

TABLE I.
ELEMENTARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR
ENDED 31st DECEMBER, 1933.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—				
Entrants .. .. .	..	..	..	3269
Second Age Group .. ..	..	..	..	2969
Third Age Group .. ..	..	..	..	2940
				—
			Total ..	9178
Number of other Routine Inspections .. ..			..	130

B.—OTHER INSPECTIONS.

Number of Special Inspections .. ..	..	..	..	9096
Number of Re-inspections .. ..	..	..	..	14721
				—
			Total ..	23817
				=====

TABLE II
ELEMENTARY SCHOOLS.

**A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1933.**

Defect or Disease. (1)						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring Treatment. (2)	Requiring to be kept under observation but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treatment. (5)
Malnutrition						29	16	1	—
Skin	{	Ringworm—Scalp	1	1	8	1			
		Body	3	—	76	—			
		Scabies	5	—	109	—			
		Impetigo	13	1	178	—			
		Other Diseases (non-tuberculous) ..	64	34	501	—			
Eye	{	Blepharitis	31	37	29	—			
		Conjunctivitis	11	3	55	—			
		Keratitis	—	1	3	—			
		Corneal Opacities	1	3	7	—			
		Defective Vision (excluding Squint) ..	460	503	283	5			
Ear	{	Squint	55	215	61	—			
		Other conditions	7	14	75	—			
		Defective Hearing	18	32	40	2			
		Otitis Media	96	3	159	—			
		Other Ear Diseases	99	12	171	—			
Nose and Throat	{	Chronic Tonsillitis only	397	1022	99	1			
		Adenoids only	35	62	27	—			
		Chronic Tonsillitis and Adenoids ..	126	76	141	—			
		Other Conditions	22	9	590	1			
Enlarged Cervical Glands (non-tuberculous) ..						141	191	1	—
Defective Speech						7	37	17	2
Heart and Circulation	{	Heart Disease :							
		Organic	1	118	8	—			
		Functional	—	3	3	—			
Lungs	{	Anæmia	6	28	20	1			
		Bronchitis	29	13	82	1			
		Other Non-Tuberculous Diseases ..	8	570	137	—			
Tuber- culosis	{	Pulmonary :							
		Definite	—	4	1	—			
		Suspected	2	28	2	—			
		Non-Pulmonary :							
		Glands	1	—	2	—			
		Bones and Joints	—	2	2	—			
		Skin	—	—	—	—			
Nervous System	{	Other Forms	—	—	1	—			
		Epilepsy	—	1	8	—			
		Chorea	—	—	15	—			
		Other Conditions	3	10	8	—			
Deformities	{	Rickets	4	98	—	1			
		Spinal Curvature	15	16	4	1			
		Other Forms	17	78	44	5			
Other Defects and Diseases						164	428	4,164	26
(Excluding Uncleanliness and Dental Diseases)									

TABLE III
ELEMENTARY SCHOOLS.

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE TREAT-
MENT (EXCLUDING UNCLEANLINESS AND DENTAL
DISEASES).**

<i>Group.</i> (1)	<i>No. of Children.</i>		<i>Percentage of Children found to require treatment.</i> (4)
	<i>Inspected.</i> (2)	<i>Found to require treatment.</i> (3)	
<i>Prescribed Groups.</i>			
Entrants	3,269	596	18.2
Second Age Group ..	2,969	595	20.0
Third Age Group ..	2,940	577	19.6
Total (Prescribed Groups)	9,178	1,768	19.3
Other Routine Inspections	130	32	24.6

Following up work by the School Nurses. All children suffering from defects which need treatment have, when necessary, been “ followed up ” by the School Nurses. The work of the six School (Clinic) Nurses may be summarised as follows :—

Visits in connection with “ following up ” of defects ..	3001
Visits after cleanliness inspections	292
Visits to homes and hospital in connection with the taking of swabs of diphtheria contacts	785
Swabs taken	1997
Sessions with Medical Officers in Schools	592
Sessions given to cleanliness inspections in Schools ..	359
Sessions in Clinic for treatment of Minor Ailments and Sessions at Clinics with Medical Officers conducting special inspections	1722
Sessions carrying out inspection in Schools for discovery of missed cases of infectious diseases	28

Arrangements for Treatment. *Minor Ailments.* There are four Clinics. In three of them treatment is carried on for one session daily and in one for two sessions daily. See Table 4, group I.

The total number of attendances of children at these Clinics, including many who came for “ special inspection,” was 53,656.

X-ray Treatment of Ringworm Head. This was called for in only four cases.

Nose, Throat and Ears. The arrangement for Tonsil and Adenoid operations at the City Hospital continues to work satisfactorily.

Three hundred and one operations were performed at the City Hospital, and in 47 cases the parents made their own arrangements for the operation after such had been advised by a School Medical Officer.

These numbers are small compared with other large towns.

Ear Clinic. The aural surgeon reports as follows :—

“ In 1933, 255 patients attended the Aural Clinic. 95 ears were treated by electric ionisation, and 40 of these were cured. Four relapsed after recovery. Such relapses are usually temporary and yield easily to treatment, if a considerable time intervenes between recovery and relapse ; but if the interval is brief, further treatment is often unavailing. When the disease is of long standing it usually happens that the perforation of the drum membrane remains open, though the discharge ceases ; such cases are included among those cured.”

Apart from the cases of chronic otitis treated by Ionisation, there is treatment by various means of this and other affections of the ear. Cases of nasal obstruction and throat abnormality are thoroughly investigated, and parents are directed as to how to obtain treatment by operation at a hospital, or otherwise as required.

The numbers attending this Clinic are increasing, and appointments have to be made a month in advance. Extra sessions over and above the present one per week (holidays excepted) are a necessity.

Visual defects and external eye diseases. The Eye Specialist holds four sessions per week and the eye nurse is on duty five sessions per week. The nurse paid 336 visits in connection with following up. Details of the Clinic work are in Table 4, Group II. The total number of attendances at this Clinic was 6,795. Myopias are all examined annually, or more often if needed. Special school desks are provided for the use of Myopias when recommended by the Eye Specialist.

TABLE IV.

ELEMENTARY SCHOOLS.

RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1933.

TREATMENT TABLE.

Group I.—MINOR AILMENTS (Excluding Uncleanliness, for which see Group VI).

<i>Disease or Defect.</i> (1)	<i>Number of Defects treated, or under treatment during the year.</i>		
	<i>Under the Authority's Scheme.</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
Skin—			
Ringworm — Scalp. (Show separately in brackets the number which were treated by X-Rays.)	8 (4)	—	8
Ringworm—Body	95	—	95
Scabies	108	1	109
Impetigo	207	—	207
Other Skin Disease	878	3	881
Minor Eye Defects— (External and other, but ex- cluding cases falling in Group II).	145	7	152
Minor Ear Defects	342	10	352
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.) ..	6,265	339	6,604
TOTAL ..	8,048	360	8,408

Group II.—DEFECTIVE VISION AND SQUINT (excluding
Minor Eye Defects treated as Minor Ailments—Group I).

<i>Defect or Disease.</i>	<i>Number of defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>By private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	2,157	138	—	2,295
Other Defect or Disease of the eyes (exclud- ing those recorded in Group I)	232	—	16	248
TOTAL . .	2,389	138	16	2,543

Total Number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	963
(b) Otherwise	130

Total Number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	826
(b) Otherwise	267

Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment. (4)	Total Number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
i.	ii.	iii.	iv.	i.	ii.	iii.	iv.	i.	ii.	iii.	iv.	831	1165
72	43	176	—	27	5	11	—	99	48	187	—		

i. Tonsils only. ii. Adenoids only. iii. Tonsils and adenoids. iv. Other defects of the nose and throat.

Group IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	<i>Under the Authority's Scheme.</i> (1)			<i>Otherwise.</i> (2)			<i>Total number treated.</i>
	<i>Residential treatment with education.</i> (i)	<i>Residential treatment without education.</i> (ii)	<i>Non- Residential treatment at an Orthopædic Clinic.</i> (iii)	<i>Residential treatment with education.</i> (i)	<i>Residential treatment without education.</i> (ii)	<i>Non- Residential treatment at an Orthopædic Clinic.</i> (iii)	
Number of Children treated	34	—	217	—	—	1	218

Group V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ^{and} _{under}	2,453	Total ..	18,583
	6 ..	1,709		
	7 ..	1,792		
	8 ..	1,902		
	9 ..	2,023		
	10 ..	1,929		
	11 ..	1,732		
	12 ..	2,037		
	13 ..	2,021		
	14 ^{and} _{over}	985		

Specials 2,644

Grand Total .. 21,227

(b) Found to require treatment .. 13,960

(c) Actually treated 8,527

(2) Half-days devoted to—

Inspection 250

Treatment 1,729 .. 1,979

(3) Attendances made by children for treatment ... 15,852

(4) Fillings—

Permanent Teeth 5396,

Temporary Teeth 1,543 .. 6,939

(5) Extractions—

Permanent Teeth 3,355

Temporary Teeth 12,956 .. 16,311

(6) Administrations of general anæsthetics for extractions 4,820

(7) Other operations—

Permanent Teeth 1,297

Temporary Teeth 460 .. 1,757

**Dental
Services.**

The Dental Surgeons' report is as follows :—

“ The aim of the School Dental Service is to treat children in such a way that as many as possible will, at the termination of their school life, leave with sound mouths and a knowledge of how to continue to keep them free from disease.

“ We teach parents and children that to be bodily and mentally healthy it is first of all necessary to be dentally healthy. That a clean and healthy mouth lessens the probability of contracting infectious diseases, facilitates the development of regular features, normal voice, and minimises the chance of developing infection of the tonsils and the ear. That mechanical cleansing of the teeth, removing food debris and germs, will greatly help in keeping them free from decay, but the regular assistance of a dental surgeon is necessary to preserve the natural teeth as long as possible.

“ The inspection of children in the Schools and the treatment given at the Clinic have been carried out as in previous years. Since all the schools have had to be inspected, it is found that it has taken on an average about eighteen months to complete the whole. This is somewhat unsatisfactory, as it means that the children have to wait that period until the next inspection, and a great deal of damage can be done during that time. The new schools taken over have needed a great deal of treatment after the first inspection. This should be somewhat reduced during the coming year, and perhaps allow the round of inspection and treatment to be completed in about fifteen months.

“ *Casuals.* These are children whose parents have refused, in writing, after the inspection at the School, to accept treatment, but months later, being in pain, attend for urgent treatment. This means that extractions have now become necessary when the original need was a filling which would have saved the tooth for years. The School Clinic is not an out-patient dental department, and if it is used as such, it loses its purpose, namely, that it exists for conservative dentistry.

“ There has been an increase of 252 fillings, whilst the extractions have been reduced by 2,703. This can be accounted for by the fact that children of pre-school age are having treatment at Beaumont House, and so a great many arrive at school with mouths in better condition than before this treatment was available.

“ The dental nurses paid 3,496 visits to homes.”

Orthopædic Clinics. The Specialist attends one session per month. A Medical Officer attends once weekly. The three full-time Orthopædic assistants are on duty two sessions daily throughout the year.

New cases examined by Medical Officer	67
Other examinations by Medical Officer	496
Number of treatments (massage, etc.) given ..	9,647
Number of plasters made	108
After-Care	539
Homes visited	10
New surgical boots supplied	120
Repairs to boots	1,713
New leather work supplied (to splints)	381
Repairs to leather, etc. (splints)	511
Celluloid splints made	13
Number of individual children under treatment on January 1st, 1934	118

Infectious Diseases. Scarlet Fever has throughout the year been more than usually prevalent and seasonal variations, except for holiday drops, have been less marked than usual. Nurses devoted 28 sessions to examining children in schools (the same school being examined on more than one occasion) where the disease was threatening to assume epidemic form. As the result of these examinations many children in an infectious condition were excluded and dealt with. By infectious condition is meant mucus discharges with history suggestive of Scarlet Fever some weeks previously, desquamation, or the actual presence of a scarlet rash. It is certain that new cases of Scarlet Fever occur in schools as the result of children returning to school after the illness while still infective. In some of these the disease had not been recognised, while others state that they had it mildly and were sent back to school because those in charge of them considered there was no danger. Present-day Scarlet Fever is generally a mild disease, and it may be biologically sound to “ salt ” the nation by allowing every susceptible person to become

infected. If, on the other hand, it is considered desirable to keep the attack figures low, then rigid exclusion from school for at least six weeks is essential, re-admission after that period depending on their being, after examination by the School Medical Officer, considered free from infection. This particular point is unaffected by questions of home or hospital treatment.

Diphtheria immunisations in schools have gone on throughout the year. See the Medical Officer of Health's report for particulars.

In two instances a medical certificate stating that the low attendance figures of the week (under 60 per cent) had been due to the prevalence of infectious disease (Measles, Whooping Cough and Influenza) were issued.

Open-Air Education apart from Open-Air Schools.

Playground and open-air classes were held as usual during the summer months.

One thousand children attended the Camp at Maker for weekly periods. All children brought forward for going to the Camp were medically examined before starting. A few had to be kept back on account of the presence of illness, dirty heads, etc., and a few others were given written instructions not to bathe, etc.

Meals.

In a considerable number of schools, particularly infant and junior mixed, milk schemes are worked by the teachers (under the National Milk Publicity Council) for the provision of $\frac{1}{3}$ -pint of milk per day. Each portion is in a bottle provided with a special paper tube. Each child has its own bottle and a new tube daily. The cost to each child is 1*d.* per day. On cold days the milk is warmed.

In at least one school the Horlick's Malted Milk Scheme is working. Here a hot drink is provided for $\frac{1}{2}$ *d.* Everything in connection with this scheme is very complete and a model of neatness and efficiency.

Apart from these unofficial schemes, during the year milk was provided for 31 children specially selected by the Medical Officers during their routine inspection as being likely to benefit.

The amount given—1-pint, $\frac{1}{2}$ -pint or $\frac{1}{3}$ -pint—on school days only or every day was as prescribed in each case. Whole or part of the cost was recovered from parents by the Authority in accordance with the means scale. All these children were medically examined, weighed and reported upon every three months.

The routine arrangements for the co-operation of teachers and school attendance officers have continued to work effectively, but above all, their personal interest has, besides benefiting the children, been a constant source of help and encouragement to the individual members of the school medical staff.

Our thanks are also due to the Secretary of the Cripples' Aid Association and to the Secretary of the Association for the Voluntary Control of Mental Defectives for their cheerfully rendered assistance both in ascertainment of and dealings with cripples and mental defectives.

Report re Residential Cases at Mount Tamar Open-Air School. Girls were admitted to the Mount Tamar Residential School on the 29th March, 1932, and were discharged on the 12th April, 1933.

There is accommodation at the School for 14 residents, and during this period 19 girls have been admitted.

Of these—2 girls were in residence for 21 days only,
1 for 5 weeks only, and
2 for 12 weeks only.

All others were for considerably longer periods.

Infectious diseases. Two of the residents contracted Scarlet Fever during the Christmas holidays and did not return to Residence until 20th February, 1933, after an absence of two months.

Case No.	Percentage weight on admission.	Percentage weight at end of 1st 6 mths.	Percentage gain in 1st 6 mths.	Percentage weight at end of residence.	Period of residence.	Percentage gain during 2nd period and length of 2nd period.
1	106	114.3	8.3	115.7	11 mths.	1.4 5 mths.
2	65.5	75.8	10.3	79.3	12 mths.	3.5 6 mths.
3	94.4	102.3	7.9	102.5	7 mths.	.2 1 mth.
4	86.6	95.3	8.7	97.7	12 mths.	2.4 6 mths.
5	80	85.2	5.2	90.1	10 mths.	4.9 4 mths.
6	99.4	105	5.6	103.1	12 mths.	- 1.9 6 mths.
7	80	84	4	84.8	10 mths.	.8 4 mths.
8	86.8	93.5	6.7	95.3	12 mths.	1.8 6 mths.
9	82	87	5	87.7	12 mths.	.7 6 mths.
10	70.4	71.4	1	71.5	12 mths.	.1 6 mths.
11	66.6	70	3.4	70	12 mths.	Nil 6 mths.
12	94.2	101.8	7.6	101.8	12 mths.	Nil 6 mths.
13	85.6	89.6	4	90.9	12 mths.	1.3 6 mths.
14	99	112.3	13.3	111.5	10½ mths.	- .8 4½ mths.

Percentage = Percentage of average for age.

These figures show that the majority of these children improved greatly during their first six months of residence. The percentage gain during the second period is very small, and in two cases there was a percentage loss and in two others no percentage gain.

Blind, Deaf, Defective and Epileptic Children. (a) We attach the greatest importance to arrangements for ascertaining all children who come under these headings. The details of such arrangements are set out in the report for 1930.

The following new cases were medically examined during the year, with results as stated.

Of 130 brought forward as mentally defective, there were :—

Certified mentally defective and recommended for Day Special School	87
Certified mentally defective and recommended for Residential School	1
Diagnosed as dull or backward and recommended for classes for such	28
Certified non-educable and recommended for notification to the Local Control Authority	9
Returned to ordinary School	3
Certified physically defective and recommended for Open-Air School	2

Of 4 brought forward as epileptic, there were :—

Certified epileptic and recommended for a Special School for such	1
Returned to an ordinary Elementary School as uncertifiable	3

Of 9 brought forward as deaf, there were :—

Certified deaf or partially deaf	9
--	---

Of 1 brought forward as blind, there was :—

Certified blind	1
-------------------------	---

Of 355 brought forward as physically defective, there were :—

Certified as physically defective and recommended for appropriate schools	309
---	-----

TABLE III

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Children suffering from multiple defects :—

Blindness (NOT Partial Blindness).

Deafness (NOT Partial Deafness).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling.

Heart Disease.

Number of children suffering from any combination of the above defects

.. .. . 4*

* Children suffering from Multiple Defects.

Mental Defective and Non-Infective but Active Pulmonary Tuberculosis. Attending Open-Air School 1 Boy.

Mental Defective and Paralysis. Attending Special Day M.D. School. 1 Girl.

Mental Defective and Paralysis. Attending Special Day M.B. School. 1 Boy.

Mental Defective and Deaf. Attending Deaf School. 1 Boy.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	—	—	1	9

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	3	—	—	—	3

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
22	—	—	—	22

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	13	—	—	—	13

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
315	—	24	—	339

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	—	—	3	11

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

1. *Children Suffering from Pulmonary Tuberculosis.*

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institution.	Total.
2	—	23	1	26

2. *Children Suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institution.	Total.
15	1	—	1	17

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institution.	Total.
288	55	—	—	343

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institution.	Total.
43	171	1	—	215

(b) At the end of the year there were in Plymouth 23 children certified as “ mentally defective but educable ” who had been sent by their parents to a private school.

These children are medically examined annually to ascertain if they may leave school before reaching the age of sixteen, and that when they reach that age their names may, if necessary, be notified to the Voluntary Control Association.

(c) SPECIAL SCHOOLS.

Special Mixed School for Feeble-minded Children, Salisbury Road.

Number on register at end of the year	..	..	148
Average attendance	..	..	117

Special Boys' School for Feeble-minded Children, Salisbury Road.

The report of the Head Master, Mr. Fee, is as follows :—

“ The year under review has been an eventful one. Mr. W. A. Martin, the acting Head Master, died on 19th April. Mr. A. G. Wild took over the duties of acting Head until I commenced duties on September 5th, 1933.

The following statistics are given :—

Accommodation	..	..	..	128
Roll, December, 1933	..	..	..	151
Average attendance	..	..	..	125
Highest number on Roll	..	..	..	154
Highest number present	..	..	..	142

In previous reports, the Head Master has drawn attention to the unsuitability of the premises for teaching this type of child and to the overcrowding.

The conditions are not any more favourable yet, but a stop has been put to further admissions for the time and the position will gradually ease itself.

It is of interest to note how the number of boys in attendance has been increasing, as follows :—

Year ending	31. 3.31	..	Average	108	Roll	116
„	31. 3.32	..	„	113	„	137
„	31. 3.33	..	„	118	„	143
Quarter ending	30. 6.33	..	„	123	„	143
„	31.12.33	..	„	130	„	151

There are quite a number of boys now awaiting admission, and this situation seems to point to the necessity for increased accommodation.

Of the 27 boys who left school during the year, two were returned to Elementary Schools, one went to a private school, the rest going to various employment.

Since September, the whole of the School has been reorganised, and great praise is due to the Staff, who have tried by every means in their power to aid this most difficult process, and to realise the main aim of the School—to produce self-controlled, self-supporting citizens.

The children attending Schools of this kind need to be encouraged in every way and to learn that they can succeed when they have used their best efforts. The training is not only a matter of the three R's, it is rather the three H's—Hand, Head and Heart—a trained hand, guided by a thinking head and controlled by disciplined emotions.

How these ideals are realised can only be seen after a close survey of the curriculum and of the methods used in the School. The main points of the re-organised scheme can be summarised briefly as follows :—

1. *Classification.* For Registration and general affairs there are five main classes, each subdivided into two parts. These classes are arranged strictly in order of chronological age.

For English and Arithmetic there is a fresh classification. Each subject is arranged in four classes in order of attainment ascertained by Standard Tests.

It is intended to classify for Handicrafts as a series of Performance Tests and again for Physical Exercises and Games on tests of weight for height and physical fitness.

2. *Curriculum and Time-table.* A definite time-table is arranged and the curriculum contains all those subjects that have proved successful for this type of child. Games that will develop attention, concentration and judgment are daily included in the work.

Motivated handwork in the form of projects that will provide life situations where the child's interest will be centred for a while around a desirable piece of knowledge or a specific attainment, are regularly a part of the syllabus.

3. *Health Instruction* is given emphasis. A definite round of inspection by the school nurse and the teachers is made each Session, and lessons on personal hygiene and the care of the body are given. Each session includes a Physical Exercise lesson and the Games Field is used, weather permitting, each afternoon.

An effort is being made to interest the boys and to make them understand the value of the pursuit and preservation of health.

4. *Social Living*. By teaching the Christian concepts of honesty, truthfulness, reliability and unselfishness in social relations the foundations of character are laid. The boy is encouraged to behave as a normal person in the social environment of the school. In an already successful scheme of self-government, the older boys take charge of assemblies, and the younger boys are gradually taught to see the importance to the community of quiet, decent behaviour. Already the keeping of good discipline is passing into the hands of the boys themselves.

Especially is this so in the dinner-time arrangements. The boys who remain for the school meal are split up into groups of six. One boy, the father of the table, is in charge. He has to see that his table is set properly, to ensure that each of his "Family" washes before his meal; to bring in the dinner for his group and to see that the boys observe the usual manners expected at the table. After the meal, the head of the table takes his boys into a classroom, there to play quiet games and rest for half an hour or so.

This is in contrast to the method of supervision by teachers and other officials. The boys value the responsibility placed upon them and respond to it wonderfully.

It must always be remembered that Behaviour Problems do exist in a school of this type, and special treatment is sometimes necessary and effective. The most successful method of maintaining discipline, even amongst such boys as these, is to give a certain amount of freedom and a certain amount of responsibility.

5. *Travelling Arrangements* have been revised. Boys living within a mile of the school generally walk to and from school. A special bus, taking a circular route from Milchouse at 8.30 a.m. picks up the boys at various stopping places and arrives at school about 8.55 a.m. There has been a great improvement in the punctuality, school starts promptly at 9 a.m., and it is the exception now for a boy to be late.

Healthy boys are encouraged to walk home in favourable weather. This seems desirable, for the sake of the exercise, if for no other reason.

6. Attention is given to *getting and holding a job*. Since only a very small proportion of these boys can ever hope to become normal in their attainments, there must be another aim set before them. That is, to obtain employment and to keep it. The idea of the pleasure of work well done is always kept before the boys' minds. The importance of neatness in appearance, as well as in work, is stressed. The cultivation of orderliness, self-respect and politeness of address is sought after, and the results enable the boy to find a place, however humble, in the Industrial World."

Efford Open-Air School.	Admitted	115
	Discharged	107
	Average on Roll	158
	Average Attendance ..	130

The Head Mistress, in her report, states :—

" This is the best average attendance we have ever had. The voluntary attendance on Saturday mornings is also better than it has ever been before.

" Mr. Brockman, who had been the second in command here for fifteen years, was appointed as Head Master of Mount Tamar Open-Air School. No appointment was made in his place for fourteen weeks, and it is a great tribute to the conscientious zeal and ability of the Staff that the tone of the school maintained its steady, happy standard during that time and that the educational work did not suffer.

" A small, new development in our work is for any boy scouts or girl guides in the school to qualify for the gardener's badge whilst here.

“ It is gratifying to learn of so many old boys and girls from this school maintaining excellent health after they go to work, and succeeding in that work. Such fully justify the school’s existence when, instead of being chronic invalids in our hospitals and infirmaries in adult life, they become useful, wage-earning citizens.”

Mount Tamar Open-Air School.	Including 14 residential pupils (boys and girls a year each alternately from Easter to Easter).			
	Admitted			163
	Discharged			114
	Average on Roll			165
	Average Attendance ..			129

Mr. Brockman assumed duty as Head Master on August 28th, 1933, vice Miss Trigg, resigned.

In his report Mr. Brockman states :—

“ It is a standing rule, now, that all work must be done in the Open Air, unless extremely bad weather makes such a proceeding impossible. A point worth stressing is that the great response to the general activities is made during the first few months of a child’s stay at an ‘ Open Air ’ School. It follows that the length of stay should not be indefinite, unless Medical advice causes special rulings in individual cases. At the outside, twelve months should be the normal period of attendance at an Open Air School.”

Hartley House School for Deaf Children.	No. on Roll			34
	No. of admissions during year ..			9
	No. of discharges during year ..			5
	Average attending			28

Arrangements for Medical Inspection and Treatment at the Special Schools.	Salisbury Road Special M.D. School
	Efford Open-Air School.
	Mount Tamar Open-Air School.

A School Medical Officer (Certifying Officer) visits these schools every fortnight. At Salisbury Road each child is medically examined at least once a year and at the Open-Air Schools at least three times a year. Full-time Nurses are attached to each of these schools and give treatment for minor ailments on the premises. Children who for various reasons appear to require it are sent to the Medical Officers’ Special Inspection Clinics for examination and advice.

A Dental Surgeon visits annually and inspects each child. The children come into the Dental Clinic for treatment.

The dental figures for the year for these schools are :—

<i>No. treated at Clinic.</i>	<i>Extraction of Permanent Teeth.</i>	<i>Filling of Permanent Teeth.</i>	<i>Extraction of Temporary Teeth.</i>	<i>Gas adminis- trations.</i>
178	163	106	198	121

Fourteen children attending these schools were provided with spectacles during the year and 13 had tonsil or adenoid operations under the Authority's Scheme.

Ten children from Salisbury Road attended the Aural Clinic and 9 from the Open-Air Schools.

Deaf School. The Aural Specialist examines annually each child in the School, and 4 attended the Aural Clinic for treatment.

Residential Orthopædic Hospital School at Mount Gold. This Hospital School was opened in April, 1933. There were then 40 beds available for children. This number was increased to 50 from November, 1933. All children sent by the Local Education Authority are certified physically defective. The numbers dealt with up to December 31st were as follows :—

Admitted	34
Discharged	17
Remaining in Hospital	17

The following figures show causes of admission and length of stay in days of children admitted and discharged during 1933 :—

Torticollis	35	Straightening of knee ..	176
„	29	Dunn's operation	142
Straightening	166	„ „	91
Chronic osteomyelitis ..	166	„ „	81
„ „	114	„ „	80

Old injury to knee	.. 189	Exostosis (elbow)	45
Tenotomy	.. .. 25	„ (right shoulder) .	35
Stoeffels operation	.. 53	Wrenching and plaster ..	108

**Secondary and
other Higher
Schools.**

All of the children in the following Schools have been inspected :—

Devonport High School.
Corporation Grammar School.
Devonport Secondary School.
Plymouth High School.
Sutton Secondary School.
Stoke Damerel Secondary School.
Day Junior Technical Boys.
Ker Street Junior Technical Girls.

All the above Schools are provided by the Authority.

Children suffering from defects in these Schools are followed up by the Nurses in whose area they reside, and all the schemes of treatment available for Elementary Schools are likewise available for them with the exception of dental treatment, which in Secondary Schools is available for cases which are both necessitous and urgent.

**Parents’
Payments.**

Cost of all treatment except minor ailments is recovered from parents in accordance with the income scale approved by the Authority.

SECONDARY AND HIGHER SCHOOLS.

TABLE V.
RETURN OF MEDICAL INSPECTIONS FOR THE YEAR
ENDED 31st DECEMBER, 1933.

ROUTINE MEDICAL INSPECTIONS.

	<i>Age.</i>								Total.
	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17 & over</i>	
Boys ..	28	118	117	135	149	169	89	51	856
Girls ..	35	133	183	269	275	172	83	36	1186
Total	63	251	300	404	424	341	172	87	2042

TABLE VI.

SECONDARY AND HIGHER SCHOOLS

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1933.

Defect or Disease.						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition						3	2	—	—
Skin	Ringworm :					—	—	—	—
	Scalp					—	—	—	—
	Body					—	—	—	—
	Scabies					—	—	—	—
	Impetigo					—	—	—	—
Eye	Other Diseases (non-tuberculous) ..					6	12	—	—
	Blepharitis					1	15	—	—
	Conjunctivitis					—	1	—	—
	Keratitis					—	—	—	—
	Corneal Opacities					—	—	—	—
	Defective Vision (excluding Squint) ..					112	468	—	—
	Squint					3	29	—	—
Ear	Other Conditions					2	2	—	—
	Defective Hearing					4	21	—	—
	Otitis Media					4	1	—	—
	Other Ear Diseases					13	—	—	—
Nose and Throat	Enlarged Tonsils only					101	139	1	—
	Adenoids only					1	3	—	—
	Enlarged Tonsils and Adenoids ..					21	19	—	—
Other Conditions						3	2	—	—
Enlarged Cervical Glands (non-tuberculous) ..						3	9	—	—
Defective Speech						1	11	—	—
Heart and Circulation	Heart Disease :					—	—	—	—
	Organic					—	33	—	3
	Functional					1	7	—	—
Lungs	Anæmia					1	24	—	—
	Bronchitis					2	6	—	—
	Other Non-Tuberculous Diseases ..					3	198	—	1
Tuber- culosis.	Pulmonary :					—	—	—	—
	Definite					—	—	—	—
	Suspected					—	2	—	2
	Non-Pulmonary :					—	—	—	—
	Glands					—	—	—	—
	Spine					—	1	—	—
	Hip					—	—	—	—
	Other Bones and Joints ..					—	—	—	—
Nervous System	Skin					—	—	—	—
	Other Forms					—	—	—	—
	Epilepsy					—	—	—	—
	Chorea					—	—	—	—
Deformities	Other Conditions					—	1	—	—
	Rickets					—	18	—	—
	Spinal Curvature					3	1	—	—
Other Forms						4	12	—	1
Other Defects and Diseases						17	198	—	4

TABLE VII.
SECONDARY AND HIGHER SCHOOLS.
DEFECTIVE VISION AND SQUINT.

<i>Defect or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	91	57	—	148
Other Defect or Disease of the Eyes ..	—	—	1	1
TOTAL ..	91	57	1	149

Total number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	81
(b) Otherwise	57

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	16
(b) Otherwise	122

TABLE VIII.

SECONDARY AND HIGHER SCHOOLS

TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.										
Under the Authority's Scheme in Clinic or Hospital.			By Private Practitioner or Hospital, apart from the Authority's Scheme.			Total.			Received other forms of Treatment.	Total number treated.
(1)			(2)			(3)			(4)	(5)
T.	A.	T. & A.	T.	A.	T. & A.	T.	A.	T. & A.		
5	—	5	4	—	—	9	—	5		
10			4			14			1	15

CHILD GUIDANCE CLINIC.

This Clinic which, at present, has no connection with the Education Authority was recently started in Plymouth. Dr. Hunter the physician in charge, has kindly supplied the following report :—

The last quarter of 1933 saw the opening in Plymouth of a Child Guidance Clinic which is organized and supported by the Plymouth Public Dispensary. This clinic is for the treatment of behaviour disorders in children. There are some dozen such clinics in this country at present, but this is the first of its kind west of Bristol.

During the first three months twenty children were referred to the clinic, their ages ranging from 2 to 15½. Of these, 7 were referred by teachers or the School Medical Officer, 6 by medical practitioners, 3 by the infant welfare department, 2 by the probation officer, 2 by private persons. The number of interviews at the clinic was 44 (2.2 per patient) and of home visits by the social workers 51 (2.5 per patient). The complaints investigated included truancy, backwardness, enuresis, hysterical manifestations and gross anti-social behaviour.

The clinic has been working for too short a time to show much in the way of results, as the majority of cases are still under treatment. In four cases, however, there has been a complete loss of symptoms, and in many others a marked improvement.

The staff of the clinic is constituted as follows :—

An Hon. Physician in Charge.

An Hon. Social Worker.

An Hon. Assistant Social Worker and Secretary.

The clinic is held on Tuesday and Friday mornings at the Public Dispensary in Catherine Street. Cases are seen by appointment as far as possible, and appointment cards will be sent to prospective patients on application to the Secretary, The Child Guidance Clinic, The Public Dispensary, Catherine Street, Plymouth.